



SOUTHERN RHODESIA.

REPORT

ON

The Public Health

For the Year 1925.

Presented to the Legislative Assembly,
1926.

Salisbury, Rhodesia :
Printed by the Government Printer.

—
1926.

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SOUTHERN RHODESIA.

Report on the Public Health for the Year 1925,
together with Report by the Medical Inspector
of Schools.

Presented to the Legislative Assembly,
1926.

PART I.

CHAPTER I.—ADMINISTRATION.

The year ended 31st December, 1925, was uneventful from the public health point of view, there being no epidemics or serious outbreaks of sickness amongst any class of the community. On the other hand, it has been a year of steady progress, in which an extensive programme of construction has been commenced, and reforms inaugurated affecting both the European and native population, which became possible of application with the passing of the Public Health Act of 1924.

One of the most important changes which have been effected has been the surrender of the control of the Memorial Hospital, Bulawayo, by the local committee, and the absorption of this hospital in the Government Hospital Service, all general hospitals in the Colony being now controlled and administered by the Government.

Establishment.—Certain departmental changes and new appointments have been effected during the year. Dr. F. H. Ellis, M.C., was transferred to Bulawayo, and the vacancy created at Salisbury was filled by Dr. A. P. Martin, M.B., Bac. Surg., Univ. Glasgow.

Dr. A. W. Forrester, L.R.C.P., L.R.C.S., Edin., L.F.P.S., D.P.H., Glasgow, retired from the Service on pension on the 12th of May, 1925, after 17 years' service. Since retirement he has accepted the post of whole-time Medical Officer of Health to the Bulawayo Municipality. Dr. S. R. Haworth, Additional and Relieving Government Medical Officer, Plumtree, retired during the year on account of having reached the age limit.

The appointment of one medical officer was terminated.

A re-arrangement was made in the appointment of the Assistant and Relieving Government Medical Officer for the Enterprise district, which is now being continued on a temporary basis, with revised emoluments. The arrangement with Dr. W. L. Lawrence, L.R.C.P., Edin., L.F.P.S., Glasgow, who is attached to the American Mission, Mount Selinda, has been extended, and now allows of attendance on settlers in the vicinity of the mission at the usual fixed rates.

The arrangement which formerly existed with the American Mission authorities at Mrewa, whereby the medical officer attached to the mission should undertake any Government medical work in the Mrewa and Mtoko districts, and be available to attend settlers, has been renewed with Dr. S. R. P. Montgomery,

M.C.P. and S., Ontario, and M.B., Toronto, who succeeded the late Dr. Gurney as Medical Missionary at the Nyabira Mission.

The Mica Association at Miami having asked for a medical officer to be stationed there during the present rainy season, a temporary appointment has been authorised, and steps are being taken to fill the vacancy.

During the year vacation leave of absence was granted to eleven nurses, two medical officers, one lady clerk, two mental hospital attendants and one male clerk, whilst annual occasional leave was granted to 46 nurses, one medical officer, one male clerk and one lady clerk, and serious indisposition leave to six nurses and one medical officer.

One hundred and one applications for appointment to the Southern Rhodesia nursing service were received from qualified nurses, ten being engaged; whilst 150 applications for appointment as probationary nurses were received, 28 being engaged.

The greater number of these applicants resided outside the Colony, and, while preference is given to applicants resident in Southern Rhodesia, the Senior Matron reports that, in many instances, the local girls were too young, and in a few cases too illiterate to be considered. A fair standard of education is essential, and it has been laid down that the entering probationary nurse should have attained at least a standard equivalent to the Junior Certificate examination of the University of South Africa.

Thirteen probationers resigned, two left in order to get married, five resigned on account of health, five left the service for the reason they were found unsuitable for training, and one left for family reasons. Six completed their training, two of whom were re-engaged as qualified nurses, and the others took up appointments elsewhere, with a view to acquiring further experience. The six probationers who completed their training all successfully passed the Colonial Medical Council's examination for trained nurses during 1925.

It is with deep regret I have to report that Miss Hargreave, a probationer on the staff of the Memorial Hospital, Bulawayo, died during the year.

A lady radiographer has been appointed to the staff of the Memorial Hospital, and the lady appointed assumed duty in November.

The establishment list of the Public Health Department will be found in the Tabular Appendix.

Financial.—The following figures show the expenditure under the Public Health and Hospital Votes under the respective headings for the year 1925, as compared with 1924 and 1923:—

Public Health (Expenditure).			
	1925. £	1924. £	1923. £
Staff, salaries	24,972	24,745	26,059
Travelling expenses, Medical Director and staff, Government Medical Officers, Bacteriologist, Compound Inspectors, and rail and port charges	4,100	3,673	3,694
Treatment, maintenance and transport of luna- tics, lepers and sick paupers, repression of in- fectious and contagious diseases, upkeep of lazarettos, purchase of quinine and vaccine lymph	8,533	8,600	7,241
Public Health Laboratory and other Charges.			
Expenditure	594	400	329
Administration of Foods and Drugs Ordinance	107	191	256
	£38,306	£27,609	£37,579
Public Health (Revenue).			
Bacteriological fees*	139	362	199
Sale of quinine	2,331	1,547	2,219
	£2,470	£1,909	£2,418

* The decrease in the bacteriological fees collected is due to a new arrangement which was made during the year that no fees should be collected from in-patients of Government hospitals.

Hospitals, Native Dispensaries and Asylums (Expenditure).

	1925. £	1924. £	1923. £
Salaries	21,533	15,962	16,350
Travelling expenses on appointment, duty or leave, rail and port charges	1,255	1,440	855
Provisions and medical comforts	6,596	6,566	6,302
Fuel, light and water	3,971	2,892	2,856
Furniture, equipment, repairs and clothing ...	4,325	3,664	3,704
Drugs, disinfectants and surgical appliances ...	7,005	4,426	3,683
Laundry	1,446	1,130	1,040
Sanitary fees	508	455	482
Produce, etc.	11,181	7,764	8,101
Miscellaneous	473	387	514
Grants-in-aid to hostels, hospitals and district nursing	2,959	6,347	5,636
	£61,252	£51,033	£49,523

Hospitals, Native Dispensaries and Asylums (Revenue).

Fees collected from paying patients	21,251	13,326	15,055
--	--------	--------	--------

The gross expenditure on Government hospitals, including Ingutsheni Mental Hospital, during 1925 amounted to £56,537, as compared with £43,810 in 1924 and £43,229 in 1923, showing an increase of £12,727 on the previous years, whilst the revenue collected amounted to £21,251, as against £13,326 collected in 1924, showing an increase of £7,925.

The increase, both in expenditure and revenue, is due to the inclusion of the figures for the Bulawayo Memorial Hospital, which institution has now been absorbed in the hospital system of the Colony.

The gross earnings from paying patients amounted to £24,156, as compared with £16,431 for the previous year, an increase of £7,725, while the total number of patients maintained was 8,029, as compared with 5,594 in 1924, an increase of 2,435.

In addition to the earnings from paying patients, the loss of revenue represented by the free treatment of paupers, police, gaol officials and others who were entitled to free medical attendance in Government hospitals, and for the cost of whom no inter-departmental charges are made, amounted to £16,453, and if Ingutsheni Mental Hospital is included, this figure is increased to £21,475, as compared with £19,142 for the previous year and £16,141 in 1923.

Complete statistics regarding the number of beds, daily average of patients treated, the revenue and expenditure, the average cost per patient per diem, the number of free patients, the number of units treated, the cost to hospital votes of treatment and maintenance, worked out on the gross expenditure basis, and the loss of revenue represented thereby at the various institutions, will be found in Part III.

CHAPTER II.—WORK OF THE DEPARTMENT.

(1) **Mines and Works.**—(a) Inspection.—As foreshadowed in last year's report, the mines compound inspection staff has been reduced to two, in place of three inspectors, stationed at Salisbury and Bulawayo respectively. The result has proved satisfactory to date, for though greater distances have now to be travelled, and fewer mines visited in consequence, it cannot be stated that the native mine employee has suffered, and the interests of the native miner continue to be safeguarded.

The mileage covered by the inspectors in the course of their duties was:—Inspector, Salisbury circuit, 7,713 miles by car and 1,432 miles by rail; and by the inspector, Bulawayo circuit, 9,395 miles by car and 5,038 miles by rail.

Three hundred and eighty separate properties were visited during the year by the former and 287 by the latter.

One prosecution was undertaken under the Mines and Works Regulations, 17 under the Native Labour Regulations, whilst 18 complaints regarding non-payment of wages were dealt with.

The feeding of native mine labourers was maintained to standard, except in a few instances, where beans and fresh vegetables were under-issued or

unobtainable, but in such instances alternatives were ordered to be supplied by the inspectors.

(b) Health on Mines.—The number of employers rendering labour returns at the 31st December, 1925, was as follows:—

	1924.	1925.
Mashonaland	222	156
Matabeleland	218	186

The average size of properties at the 31st December, 1925, is indicated by the following table:—

Mines employing 2,000 natives and over	2
Mines employing 1,500 natives and over	3
Mines employing 1,000 natives and over	4
Mines employing 500 natives and over	6
Mines employing 400 natives and over	2
Mines employing 300 natives and over	5
Mines employing 200 natives and over	6
Mines employing 100 natives and over	38
Mines employing 50 natives and over	72
Mines employing 25 natives and over	73
Mines employing under 25 natives	131

The following table shows the number of cases of sickness, number of deaths, case mortality per cent., sickness incidence per 1,000 per annum employed, and death rate per 1,000 per annum, amongst natives employed on mines in Southern Rhodesia during the year 1925:—

Average number employed, 39,386.

Disease.	Total sick.	Total deaths.	Case mortality per cent.	Sickness incidence rate per mille per annum employed.	Death rate per mille per annum employed.
Malaria	6,248	34	.54	158.64	.86
Scurvy	88	2	2.27	2.23	.05
Syphilis	408	12	2.94	10.36	.35
Pneumonia ..	1,596	232	14.54	40.52	5.89
Phthisis	35	22	62.86	.89	.56
Other diseases of the chest	2,421	21	.87	61.47	.53
Dysentery	92	9	9.78	2.34	.23
Diarrhoea	276	1	.36	7.02	.03
Other intestinal diseases	152	25	16.45	3.86	.63
Heart disease ...	48	27	56.25	1.22	.69
Debility	174	7	4.02	4.42	.18
Influenza	3,486	14	.40	88.51	.36
Other diseases ...	3,498	99	2.83	88.81	2.52
Minor ailments ...	8,436	...	...	214.19	...
Accidents, major ...	263	105	39.92	6.68	2.66
„ minor ...	9,782	...	...	248.36	...
Totals ...	37,003	610	1.65	939.50	15.49

SOUTHERN RHODESIA.

MORTALITY ON MINES.

Annual Territorial Summary showing Mortality amongst Native Labourers for year ended 31st December, 1925.

Territorial classification.	Average number employed.	DEATHS.														Death rate per mille per annum.						
		Malaria.	Scurvy.	Syphilis.	Pneumonia.	Phthisis.	Other diseases of the chest.	Dysentery.	Diarrhoea.	Other intestinal diseases.	Heart disease.	Debility.	Influenza.	Other diseases.	Accidents.	Disease.		Accident.		All causes.		
																1925.	1924.	1925.	1924.			
												Totals.					1925.	1924.	1925.	1924.		
Southern Rhodesia	10,572	3	..	1	27	1	3	4	...	3	5	1	4	14	25	91	6.25	6.92	2.36	1.62	8.61	8.53
Port. E. Africa ...	3,796	2	...	...	17	5	3	1	...	4	2	1	...	15	14	64	13.18	13.77	3.68	2.70	16.86	16.47
Northern Rhodesia	11,349	8	...	7	75	7	5	1	...	10	6	1	9	30	29	188	14.00	19.06	2.56	1.55	16.56	20.61
Nyasaland ...	13,458	21	2	4	110	7	9	3	1	8	14	4	1	39	36	259	16.57	21.59	2.68	2.80	19.25	24.39
Other sources ...	469	...	...	...	3	2	1	...	...	...	...	...	...	1	1	8	14.93	14.44	2.13	3.61	17.06	18.05
Totals	39,644	34	2	12	232	22	21	9	1	25	27	7	14	99	105	610	12.73	16.07	2.65	2.15	15.38	18.22

NOTE.—The figure 39,644 is the average of the actual number of natives employed on the last day of each month, not the daily average.

E R R A T A.

Public Health Report for the year 1925 (C.S.R. 23 - 1926)

On page 6, return headed "Totals and averages, including late returns", line 4, "1922", in last column for "2.47" read "21.47".

*Comparative Statement of Mortality amongst Natives employed on Mines
in Southern Rhodesia, January to December, 1925.*

Month.	Average No of natives employed.	No. of deaths from disease.	Death rate per 1,000 per mensem, disease.	No. of deaths from accident.	Death rate per 1,000 per mensem, accident.	Total No. of deaths.	Death rate per 1,000 per mensem, all causes.
January ...	38,336	49	1.27	11	.29	60	1.56
February ...	38,178	31	.81	6	.16	37	.97
March ...	37,657	34	.89	6	.15	40	1.04
April ...	38,956	32	.82	9	.23	41	1.05
May ...	38,502	35	.91	11	.29	46	1.20
June ...	38,968	34	.87	9	.23	43	1.10
July ...	38,543	34	.88	7	.18	41	1.06
August ...	38,794	42	1.08	12	.31	54	1.39
September ..	38,640	43	1.11	7	.18	50	1.29
October ...	38,611	59	1.53	10	.26	69	1.79
November ...	38,709	42	1.09	11	.28	53	1.37
December ...	38,394	55	1.43	6	.16	61	1.59

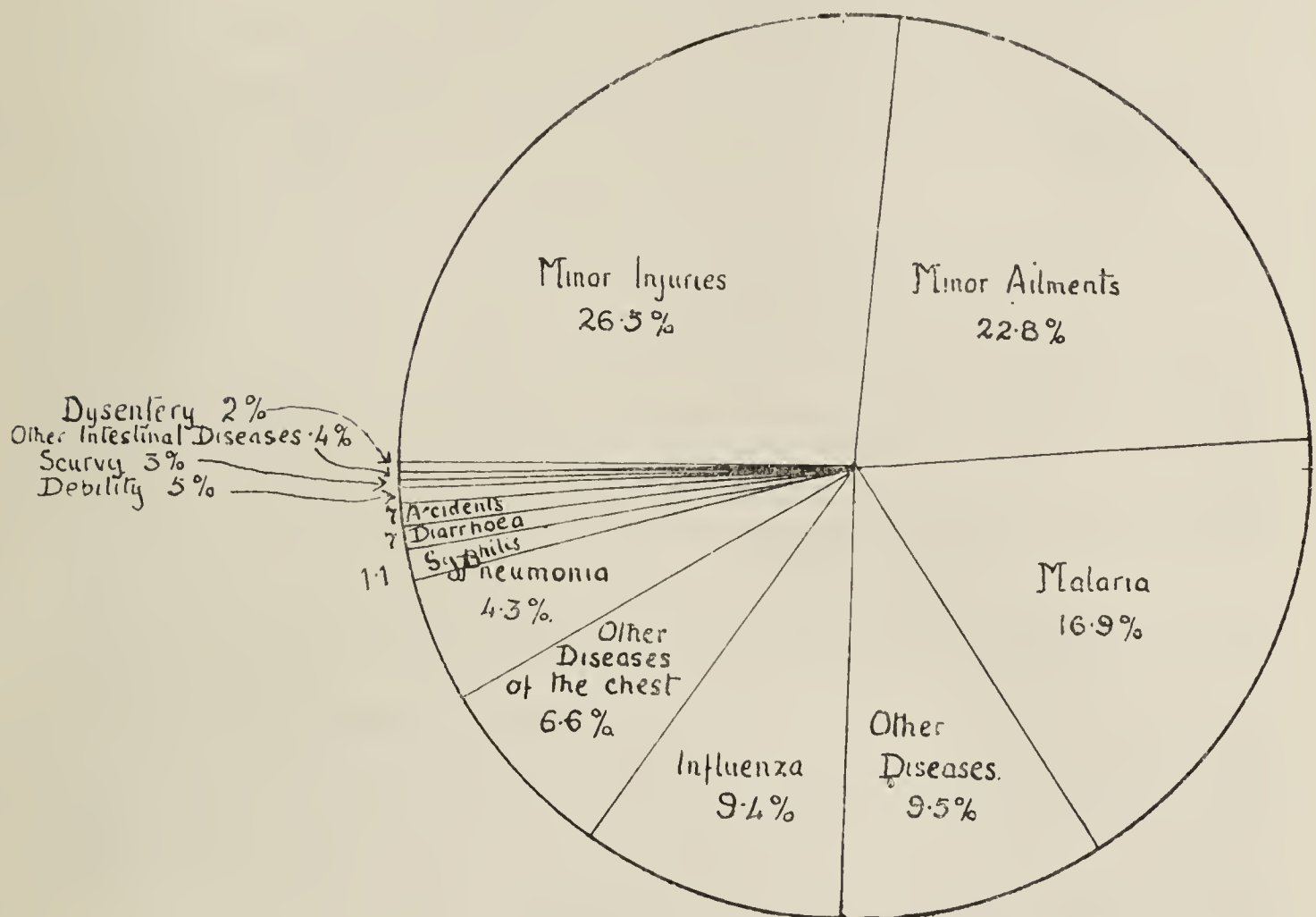
Totals and Averages, including late Returns.

Year.			Per annum.		Per annum.		Per annum.
1925 ...	39,386	505	12.82	105	2.67	610	15.49
1924 ...	41,286	665	16.11	89	2.16	754	18.26 ⁷
1923 ...	37,482	504	13.44	105	2.80	609	16.25 ²
1922 ...	35,718	681	19.07	86	2.40	767	21.47 ^{2.47}
1921 ...	37,605	689	18.30	94	2.50	783	20.82 ⁹²
1920 ...	37,669	599	15.90	75	1.99	674	17.90 ⁰
1919 ...	30,296	507	16.73	90	2.97	597	19.71 ⁵
1918 ...	32,766	3,629	110.76	88	2.69	3,717	113.44 ⁴
1917 ...	38,861	700	18.01	149	3.83	849	21.85 ²
1916 ...	40,420	911	22.48	172	4.24	1,083	26.73 ⁰
1915 ...	37,928	832	21.94	159	4.19	991	26.13 ⁵
1914 ...	36,100	897	24.85	135	3.74	1,032	28.39 ³
1913 ...	33,543	783	23.49	158	4.71	946	28.20 ⁴
1912 ...	34,494	1,073	31.11	163	4.73	1,236	35.83 ⁴
1911 ...	37,909	1,085	28.62	164	4.33	1,249	32.95
1910 ...	37,826	1,682	44.64	182	4.81	1,864	49.28
1909 ...	32,721	1,383	42.27	161	4.92	1,544	47.19
1908 ...	30,865	1,397	45.26	132	4.28	1,529	49.54
1907 ...	26,098	1,486	56.94	102	3.91	1,588	60.85
1906 ...	17,381	1,163	66.91	157	9.03	1,320	75.94

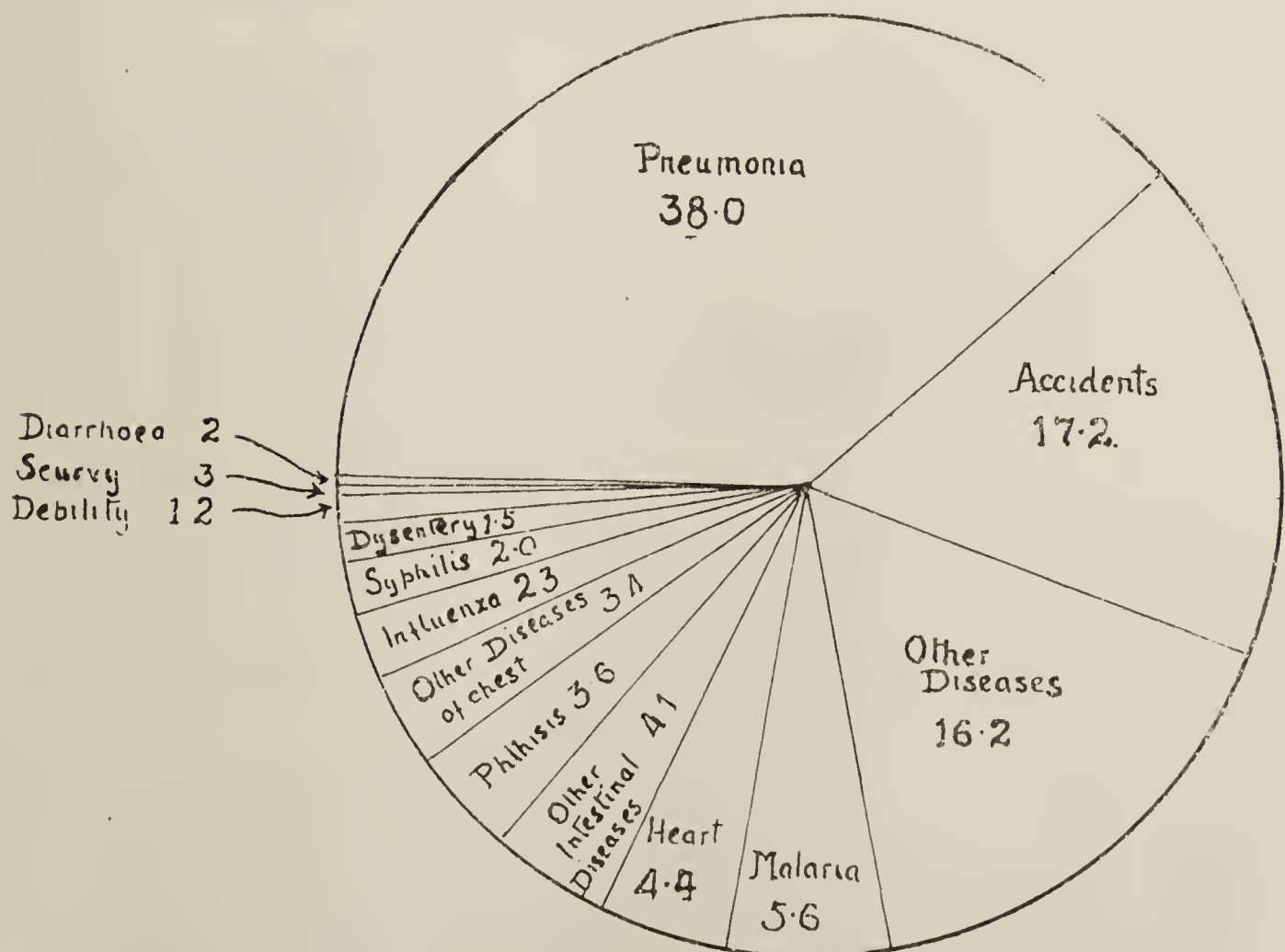
MORTALITY ON MINES (NATIVE LABOURERS).

Diagram illustrating Incidence of the Principal Diseases.

Total cases, 37,003 = 100 per cent.

*Diagram illustrating Mortality from the Principal Diseases.*

Total deaths, 610 = 100 per cent.



Average numbers employed on mines in Southern Rhodesia during 1925, including late returns:—

	Natives.	Europeans.
Bulawayo	13,019	448
Gwelo	9,046	414
Victoria	2,688	55
Total for Matabeleland	24,753	917
Salisbury	7,132	298
Hartley	5,806	243
Umtali	1,695	80
Total for Mashonaland	14,633	621
Total for Southern Rhodesia	39,386	1,538

The mortality from all causes amongst the native mine labourers for 1925 was the lowest on record, being 12.82 per thousand from disease and 15.49 from all causes. With only slight variations, and excluding the year 1918, when the great epidemic of influenza occurred, mortality rates on mines have been steadily declining since 1906, and in all probability now approach what may be considered to be the normal for the industry.

There were 200 fewer cases and 100 fewer deaths from pneumonia, and a marked reduction in the sickness and mortality rates from scurvy, dysentery and diarrhoeal diseases, whilst malaria and influenza show an increase, this illustrating the effect of seasonal variations of climate on certain important diseases. For instance, in 1924, which was a markedly dry year, with a short rainy season, deaths from pneumonia, scurvy, dysentery and diarrhoeal diseases were increased, and those from malarial infections decreased; whilst conversely in 1925, which was a peculiarly wet year with a protracted rainy season, there was a marked increase in malaria, with a corresponding decrease in the sickness and mortality rates from acute diseases of the chest and bowel.

(2) **Public Health Laboratory.**—The collaboration between the Government and the London School of Hygiene and Tropical Medicine, resulting in the establishment of a branch of the School in Southern Rhodesia for research into blackwater fever and other diseases incidental to the Colony, became actively effective on the arrival of Dr. G. R. Ross in March, 1925.

Dr. Ross arrived at a time of the year peculiarly suitable for the study of blackwater fever, and in a season when this disease was more prevalent than usual on account of the excessive rains, and at once threw himself into the study of the disease from its bio-chemical aspect; but at the same time he has managed to devote time to the study of certain outstanding public health problems of the country, and a report on the result of his nine months' work will be found in Part IV. of this report.

It was intended that the research on the causation of blackwater fever should be combined with an entomological survey of the more malarious parts of the country, and specially of those areas where blackwater fever is known to be most prevalent.

Dr. Balfour, the Director of the School, had some difficulty at first in obtaining a suitable man for this work, but eventually he selected Dr. W. E. Haworth, who had been carrying on similar investigations in Tanganyika Colony, and who, moreover, had the advantage of being an old resident of Southern Rhodesia.

Dr. Haworth arrived and took up his duties on the 4th September, 1925, and although the event took place subsequent to the year under review, I must here refer to the tragic death of this officer, which took place as the result of a motor accident in Salisbury on the 12th March, 1926.

Though he had only been at work a few months, Dr. Haworth had already attained considerable success, and a note of his results will be found in Part IV. of this report, which note he himself had prepared only a short time before his death. He was a man who was whole-heartedly devoted to his work, and had few interests outside of this, and he had already got together the nucleus of an interesting entomological collection. It will be difficult indeed to fill his place.

The routine work undertaken at the Laboratory continues to show a steady increase, and further clerical assistance is indicated. It is hoped also to increase the technical staff, with the addition of an analytical chemist, the appointment of whom has been long overdue.

The report of the Government Bacteriologist, which will be found in Part II., deals very thoroughly with the general work of the Laboratory during the year, and should prove as interesting as ever to those concerned.

(3) **Medical Inspection of Schools.**—Dr. Gatchell, the Medical Inspector of Schools, visited 85 schools and examined 3,514 school children during the year. Both schools and scholars are increasing so rapidly that the appointment of an assistant inspector will require serious consideration at no distant date.

In accordance with the promises given to the Legislative Assembly last year, a whole-time School Dental Surgeon, attached to the staff of the Medical Inspector of Schools, has now been appointed, and assumed duty towards the end of the year. It is too early to report upon his work, but there is little doubt that his time will be fully occupied and that he will fill a long-felt want, especially in those rural districts where dental treatment is impossible to procure, except at a prohibitive cost.

Certain criticisms to this appointment have been advanced by the dental profession in the Colony, but it is expected that these criticisms will be met and settled in the same amicable spirit in which they have arisen.

The annual report of the Medical Inspector of Schools is issued in conjunction with the Public Health Departmental Report for the first time this year.

(4) **Public Health Legislation.**—

(1) **Public Health Act, 1924.**—The following regulations under the Public Health Act, 1924, have been approved, and issued on the instructions of the Colonial Secretary:—

- (a) Regulations under section 20 of the Public Health Act, 1924, in respect of the notification of infectious diseases, published under Government Notice No. 249 of the 29th May, 1925;
- (b) “Vaccination” regulations promulgated under the provisions of section 81 of the Public Health Act, 1924, published under Government Notice No. 248 of the 29th May, 1925.

(2) **Native Registration Ordinance, 1901, Amending Ordinance, 1918.**—Regulations framed under the amending Ordinance, which provides for the medical examination of natives in towns, have been adopted by the Municipality of Bulawayo, this Council having at the same time appointed a whole-time Medical Officer of Health. These regulations are in every respect similar to those in force in Salisbury.

The following tables, which are supplied by the Medical Officers of Health, Salisbury and Bulawayo, respectively, show the number of natives examined by each of these towns, and the diseases discovered and treated.

The Medical Officer of Health, Salisbury, reports an increase in the number of cases of venereal disease as compared with previous years, and this will be dealt with later on in the report.

MUNICIPALITY OF SALISBURY.

Infectious cases dealt with at the Lazaretto during 1925.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Case incidence per 1,000 examined.
Syphilis	14	2	11	3	8	14	8	7	14	24	7	21	133	12.73
Gonorrhoea	1	2	1	4	4	2	2	1	3	8	2	1	31	2.97
Itch	4	1	6	9	11	9	7	9	5	...	4	11	76	7.28
Chickenpox	...	...	...	...	...	5	...	1	5	37	7	3	58	5.55
Measles	1	1	1	...	1	...	...	...	...	...	2	1	7	.67
Fungus	1	...	...	...	...	...	...	...	...	...	...	...	1	.10
Observation	1	...	...	1	1	1	3	1	1	...	...	...	9	.86
Boils	...	1	...	...	1	...	...	...	...	...	...	...	2	.19
Leprosy	...	...	2	2	...	...	...	...	...	...	...	...	4	.38
Filth	...	...	1	2	...	...	...	...	...	...	...	...	3	.29
Diphtheria	...	...	...	1	...	...	...	...	...	...	...	...	1	.10
Ringworm	...	...	...	...	1	...	...	...	...	...	...	...	1	.10
Impetigo	...	...	...	...	...	...	...	...	...	1	1	...	2	.19
Pyodermia	...	...	...	...	...	...	...	...	...	...	1	...	1	.10

Total natives examined during the year, 10,444.

The following cases admitted to the Lazaretto from outside the municipal area are included in the above figures:—

Syphilis	...	...	...	...	...	...	74
Gonorrhoea	...	...	...	...	...	...	13
Itch ...	...	...	...	...	...	...	4
Chickenpox	...	...	...	...	...	...	1
Measles	...	...	...	...	...	...	1
Leprosy	...	...	...	...	...	...	2
Impetigo	...	...	...	...	...	...	1

MUNICIPALITY OF BULAWAYO.

Infectious cases dealt with at the Lazaretto during 1925.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Case incidence per 1,000 examined.
Syphilis ...	3	1	...	1	4	2	2	4	3	4	2	4	30	4.89
Gonorrhœa ...	...	...	...	...	...	...	2	2	2	...	2	...	8	1.30
Leprosy ...	...	...	...	...	...	...	...	...	...	...	...	1	1	.16
Chickenpox ...	4	4	3	...	...	3	...	1	..	3	3	2	23	3.75
Itch ...	...	...	...	...	...	1	...	...	...	1	...	...	2	.33
Perdiculosis ...	...	...	2	2	...	...	...	...	...	...	...	...	4	.65
Venereal warts ...	...	...	...	...	...	...	...	...	1	1	...	...	2	.33
Measles ...	6	9	10	15	7	8	1	3	6	5	1	7	78	12.71
Mumps ...	...	...	..	...	4	3	...	...	2	1	...	...	10	1.63
Soft chaneres ...	...	...	...	..	...	...	...	1	...	...	...	1	2	.33

The number of examinations undertaken were 6,136. Examinations did not commence until May, 1925.
Number vaccinated, 3,143.

(3) Medical, Dental and Pharmacy Act.—Under the provisions of Ordinance No. 82 of 1830 of the Cape of Good Hope, there exists at present a committee, consisting of five medical practitioners and a secretary, all of whom are appointed by the Governor-in-Council, which committee is empowered to deal with applications for the registration of doctors, dentists and chemists.

The Ordinance under which it is established, however, is as brief as it is antiquated, and contains no provision for the proper control of the practice of these professions, nor does it provide for the registration of nurses or midwives, whilst the powers conferred for the control of the sale of poisons are negligible.

A Medical, Dental and Pharmacy Bill, which at the time conformed to analogous legislation in other colonies, was presented to the Legislative Council in 1916, but roused a certain amount of opposition, and was eventually withdrawn; consideration is however again being given to this.

During 1925 the admissions to practise approved by the committee were:—

Medical practitioners	...	...	...	...	...	...	16
Dentists	...	...	...	...	...	...	3
Chemists	...	...	...	...	...	...	3

while the applications for appointment and enquiries as to prospects of, and conditions governing, practice in this Colony dealt with during the year were:—

Medical practitioners	...	...	...	...	...	...	38
Dentists	...	...	...	...	...	...	13
Chemists	...	...	...	...	...	...	4

CHAPTER III.—VITAL STATISTICS.

The estimated population for the Colony in the middle of 1925 was 38,879, but as the quinquennial census falls due in 1926, this figure will then be subject to correction.

Births.—The births registered during 1925 numbered 879, as compared with 874 in 1924, of which 433 were males and 436 were females. There were 11 plural and 17 illegitimate births. This gives a birth rate of 22.66 per thousand of the estimated population.

In addition, the following Asiatic and coloured births were recorded by the Registrar:—

Asiatics	...	...	...	...	...	...	...	30
Coloured	...	...	...	...	...	...	...	53
								—
Total	...	...	...	...	...	...	...	83

Of these, 17 of the coloured and one of the Asiatics were returned as illegitimate.

Two plural births were returned, one coloured and one Asiatic.

There were two prosecutions under Births and Deaths Ordinance Regulations during the year, both on account of false declarations in respect of illegitimate births being registered as born in wedlock.

It is most important that all births should be registered in accordance with the regulations, and of late there has been evidence of irregularities in this respect, the commonest being failure to register births within the prescribed period; a general tightening up of the regulations is certainly required.

Deaths.—The total number of deaths recorded in 1925 was 367, as compared with 310 in 1924; of these, 239 were males and 128 females, giving a crude death rate of 9.44 per thousand of the estimated population, an increase of 1.18 per thousand over 1924.

If, as in former years, we correct this rate to that of England and Wales, such corrected death rate would be 10.55 per thousand.

The following table gives the deaths and crude death rates for the period 1921-1925 inclusive:—

1921, 320 deaths.	Crude death rate,	9.52 per thousand.
1922, 313 deaths.	Crude death rate,	8.98 per thousand.
1923, 363 deaths.	Crude death rate,	10.02 per thousand.
1924, 310 deaths.	Crude death rate,	8.26 per thousand.
1925, 367 deaths.	Crude death rate,	9.44 per thousand.

The average European death rate for the Colony for the quinquennial period 1921 to 1925 is therefore 9.45 per thousand of the population.

The annual report of the Chief Medical Officer of the Ministry of Health for the year 1924 gives the birth rate in England and Wales as 18.8 per thousand and the death rate as 12.2 per thousand.

Infantile Mortality.—Sixty-eight deaths were recorded amongst children under one year of age, as compared with 65 in 1924, giving a mortality of 77 per thousand births. In England and Wales the infantile deaths per thousand were recorded as 75.

The following table gives the chief causes of death in Southern Rhodesia under one year of age during the last five years:—

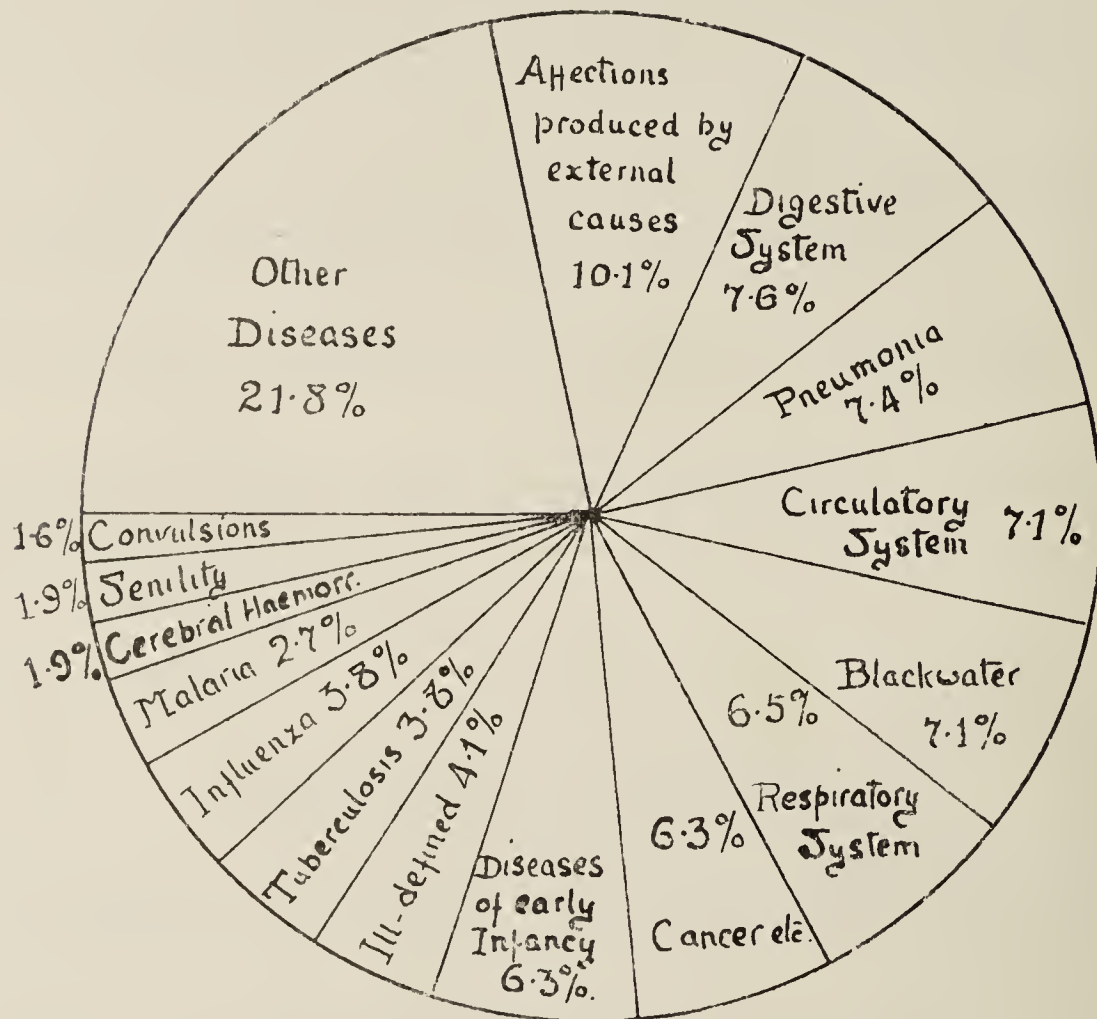
CAUSES OF DEATH IN CHILDREN UNDER ONE YEAR OF AGE.

Disease.	1921.	1922.	1923.	1924.	1925.
Malaria	5	—	11	3	5
Blackwater	—	1	1	—	—
Measles	—	—	—	—	1
Whooping cough	—	1	1	5	1
Diphtheria and croup	1	—	—	—	1
Influenza	3	1	6	2	4
Purulent infection and septicæmia	—	—	—	—	1
Tuberculosis of the lungs	—	—	—	—	1
Convulsions of infants	3	5	6	1	6
Acute bronchitis	2	1	3	3	3
Broncho-pneumonia	4	3	—	2	3
Pneumonia	3	5	6	7	6
Diarrhœa and enteritis	4	4	7	7	5
Hernia, intestinal obstruction	—	1	1	1	1
Diseases of the intestines	—	—	—	—	1
Other diseases of the liver	—	—	—	—	1
Congenital malformations	1	1	2	1	1
Congenital debility, icterus and sclerema	16	20	20	26	21
Other causes peculiar to infancy	1	3	1	—	2
Burns (conflagrations excepted)	—	—	—	—	1
Absorption of deleterious gases (conflagrations excepted)	—	—	—	—	1
Cause of death not specified or ill-defined	6	3	2	—	2
Dysentery	—	1	2	1	—
Erysipelas	1	—	—	—	—
Other general diseases	—	1	—	2	—
Simple meningitis	3	2	—	2	—
Epilepsy	1	—	—	—	—
Diseases of the larynx	2	—	1	—	—
Other accidents of labour	1	—	—	—	—
Acute abscess	—	1	—	—	—
Other diseases of the skin and annexa	—	—	1	—	—
Cerebro-spinal fever	—	—	—	1	—
Gangrene	—	—	—	1	—
Totals	57	54	71	65	68

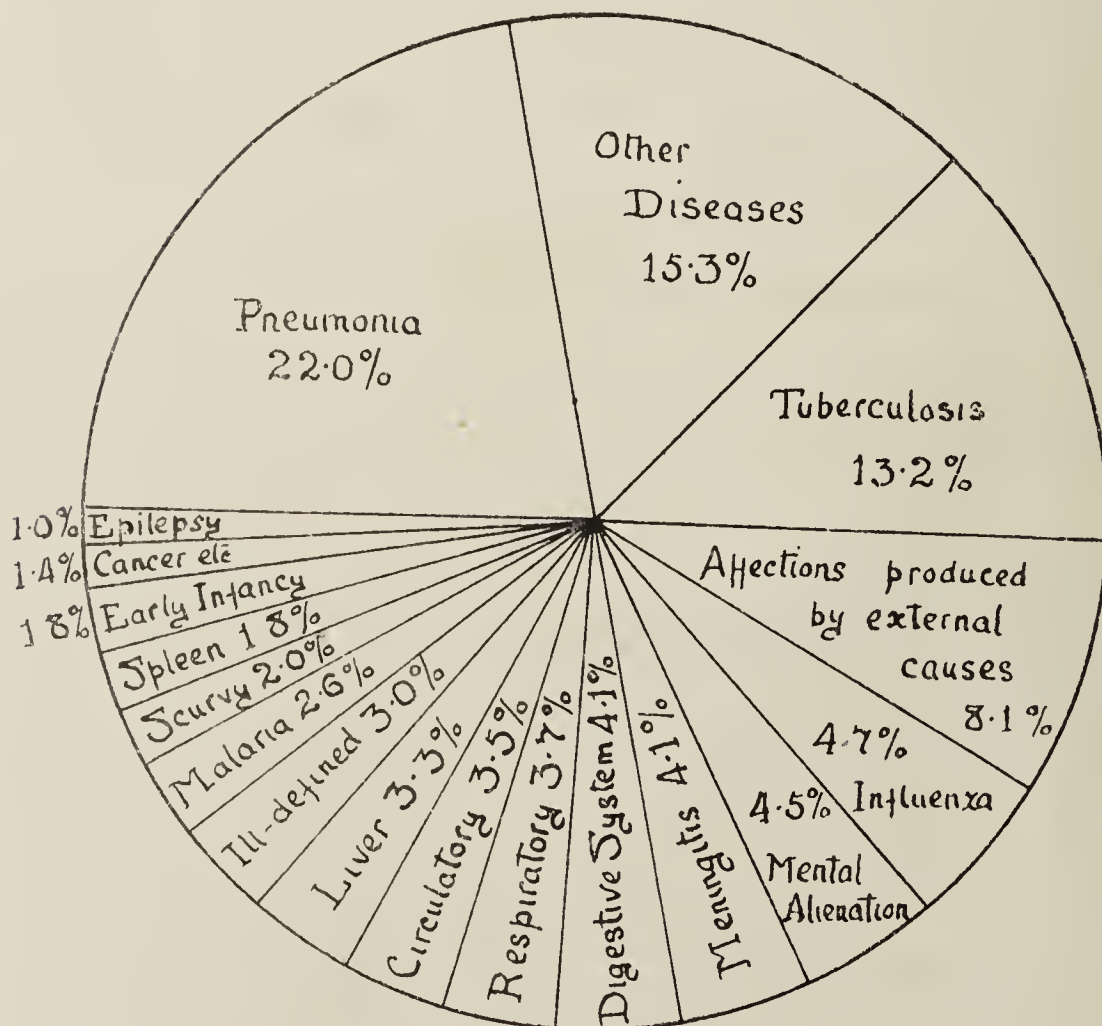
EUROPEAN AND NATIVE DEATHS.

Diagrams illustrating Mortality from the Principal Diseases.

EUROPEANS. Total deaths, 367 = 100 per cent.



NATIVES. Total deaths, 492 = 100 per cent.



CHAPTER IV.—PUBLIC HEALTH.

Infectious, Communicable and Preventable Diseases.

Notifiable Diseases.—The following table is a summary of the weekly bulletin as issued by the Public Health Department:—

TABLE SHOWING INFECTIOUS DISEASES REPORTED TO THE PUBLIC HEALTH DEPARTMENT DURING 1925.

Disease.	Number of cases.		Number of deaths.		Remarks
	European.	Native.	European.	Native.	
✓ Chickenpox	45	319	...	...
✓ Cerebro-spinal meningitis ...	...	5	...	2	
Diphtheria ...	14	..	2	...	
Encephalitis lethargica ...	2	2	2	...	
✓ Enteric ..	14	7	1	1	
✓ Erysipelas ...	3	...	..	..
✓ German measles ...	46	...	...	...
✓ Influenza ...	35	288	...	32	Numerous cases in August, November and December; numbers not stated.
✓ Infantile paralysis	1	...	...	...
✓ Leprosy ...	...	14	...	1	
✓ Measles ...	462	446	1	4	Numerous native cases in October and November: numbers not stated.
✓ Mumps ...	38	15	...	..
✓ Puerperal septicæmia ...	1	...	...	...
✓ Phthisis ...	12	45	2	6	
✓ Ringworm ...	8	...	...	...
✓ Scabies ...	...	1	..	...
✓ Scarlet fever ...	7	...	...	...
✓ Syphilis ...	...	18	...	...
✓ Smallpox ...	2	10	...	...
✓ Trypanosomiasis ...	...	2	...	1	
✓ Undulant fever ...	9	4	...	...
✓ Whooping cough ...	62	...	..	...

A sharp epidemic of measles occurred in the latter half of 1925, affecting principally children of school age, but this epidemic also spread to certain of the native reserves, where numerous outbreaks were reported; it is impossible in such circumstances to enforce the notification of individual cases.

Diphtheria shows an increase, with 14 cases with seven deaths, as compared with one case and no death in 1924. So far, this disease has not attacked the indigenous native, nor has it shown any tendency to spread in the native reserves.

Four cases of encephalitis lethargica were reported, two Europeans and two natives.

Limited epidemics of whooping cough and chicken-pox were reported from various centres during the year, but the mortality was low, three deaths being reported, all on account of whooping cough.

The continuation of plague in the Union of South Africa has occupied the watchful attention of the Department, but up to date no cases, either in man or rodents, have occurred in this Colony. Two rats found dead were examined for plague, but in each case the result was negative.

Malarial Fever.—The following are the admissions to general hospitals on account of malaria for the last five years, and the deaths registered on this account, with the average admission rate per thousand of the population:—

Year.	Admissions to hospital.	Admission rate per thousand of the population.	Deaths registered.	Rainfall. Season.	Average.
1921	821	24.12	24	20.21	29.96
1922	500	14.35	14	21.22	16.11
1923	953	26.32	49	22.23	39.16
1924	413	11.11	13	23.24	16.69
1925	765	19.68	21	50.03	40.42

The influence of the seasonal rainfall on the admission rate is here very striking.

In 1923 we had a high admission rate following an exceptionally wet year, but in 1924, on the other hand, the admission rate was far below the average following on an equally exceptional year of drought, whilst the rainy season 1924-25 being distinguished for a high rainfall, the malarial curve for this year shows in consequence a sharp rise.

All this is well shown in the accompanying chart, where the seasonal distribution of rainfall and admissions to hospital on account of malaria and blackwater fever are set out.

Seven hundred and sixty-five Europeans were treated in the various hospitals in the Colony during the year for malaria with only one death, a low death rate but not uncommon, as a fatal issue from uncomplicated malaria which has come under treatment is not often seen. It is rather the complications and sequelæ which are to be feared. In addition to the above, there were 519 native cases, with 11 deaths.

In August, 1924, the Rev. T. A. O'Farrell, of American Methodist Episcopal Church, then on holiday in New York, wrote offering to bring to Southern Rhodesia, at no expense to Government, a number of top-feeding minnows, which have been successfully introduced in the Southern States, Gambusia, Hawaiian Islands, Palestine, Spain and other parts of the world as a means of combating the mosquito. This offer was gratefully accepted. A number of these fish were safely brought to Salisbury by Dr. Montgomery in August, 1925. The question of providing a suitable hatchery for these minnows is at present under consideration.

A representative from this Colony was invited to attend and take part in the International Conference on malaria which was held last year in Rome, and Dr. J. G. Thomson, Lecturer on Protozoology at the London School of Tropical Medicine, was asked to undertake this duty, his close association with Rhodesia and his recent research work in this country making him eminently suitable for this. The report of the proceedings at the Conference has not yet been received.

Quinine.—During the year 13,157 bottles, each containing 100 five-grain tablets, of quinine hydrochloride were distributed and sold to the public at 4s. 6d. per bottle, an increase of 4,203 bottles as compared with 1924.

In addition, an experimental supply of 1,200 tubes, each containing five five-grain tablets of quinine of hydrochloride, was obtained and issued to the Native Department for sale to natives at 3d. per tube. It was suggested that to import quinine packed in this form would be helpful to the natives; so far, however, we do not know to what extent natives will avail themselves of this.

Blackwater Fever.—A fairly complete system of notification has at last been more or less achieved, and the return now rendered gives a complete history of each case of blackwater fever which has been admitted to the hospital, or attended elsewhere by a medical man.

The total admissions to hospital numbered 58, with 13 deaths, a death rate of 22.4 per cent. of those admitted; whilst the total cases reported as occurring in the Colony numbered 78, with 26 deaths, or a death rate of 33.3 per cent.; that is to say, the death rate was 11 per cent. higher amongst those cases which had not the advantage of hospital care and treatment than amongst those which had.

The following are admissions to hospitals and the mortality rates from blackwater fever for the last 12 years:—

Chart shewing monthly admissions to hospital [Europeans only] from Blackwater and Malaria, and Rainfall.

1924

1925

Rainfall
in inches.

11"

10"

9"

8"

7"

6"

5"

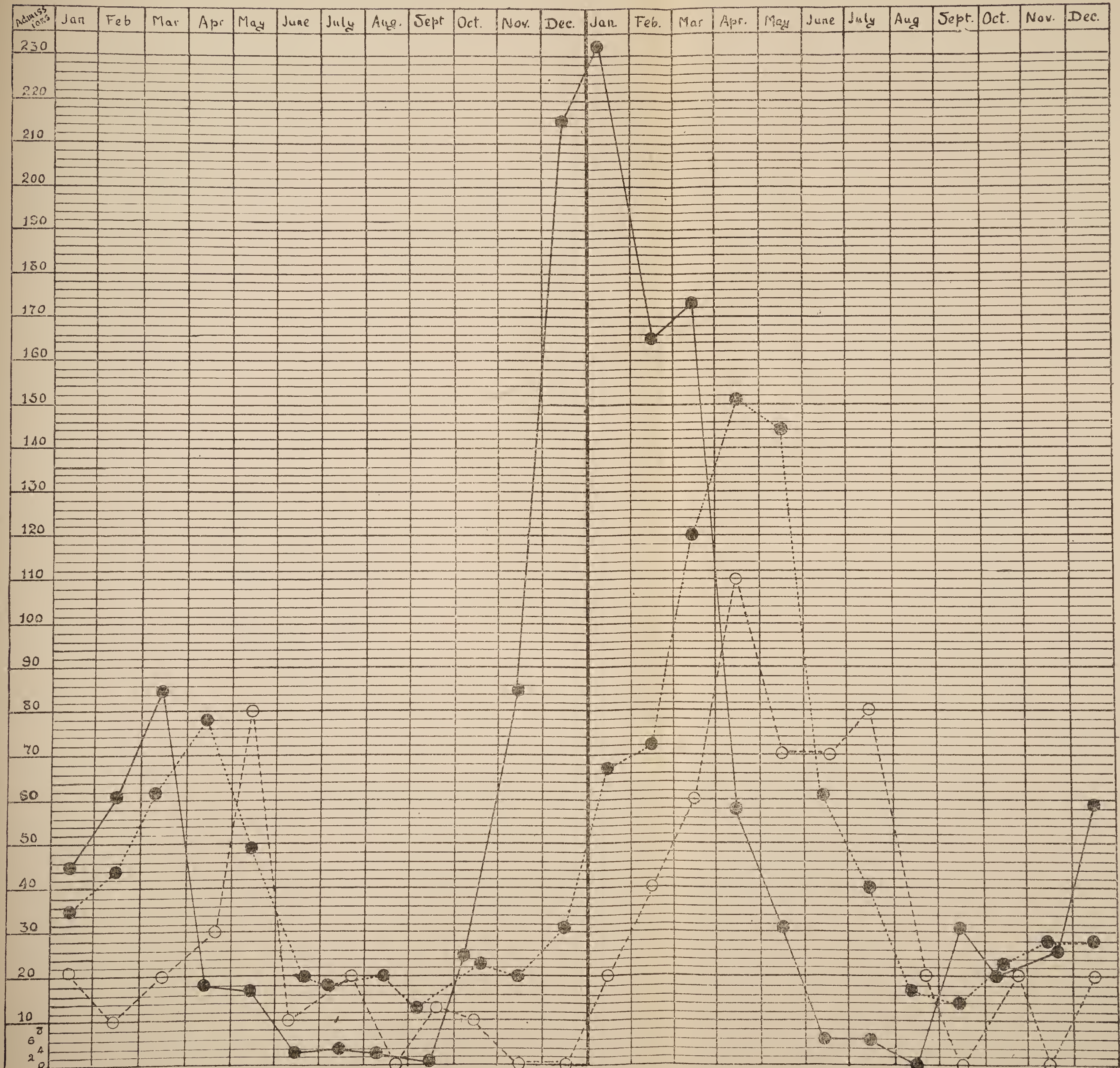
4"

3"

2"

1"

0"



Rainfall

Malaria

Blackwater

—●—●—

- - ● - - ● - -

- - ○ - - ○ - -

Number of Cases multiplied by 10
to accentuate the curve

Year.								admitted to hospital.	deaths in hospital.	Mortality rate per cent.
1914	...	...	...	...	...	...	...	53	13	24.53
1915	...	...	...	...	...	...	...	62	16	25.81
1916	...	...	...	...	...	...	...	35	6	17.14
1917	...	...	...	...	...	...	...	48	13	27.08
1918	...	...	...	...	...	...	...	36	11	30.56
1919	...	...	...	...	...	...	...	37	7	18.92
1920	...	...	...	...	...	...	...	75	10	13.33
1921	...	...	...	...	...	...	...	53	6	11.32
1922	...	...	...	...	...	...	...	49	14	28.57
1923	...	...	...	...	...	...	...	64	14	21.88
1924	...	...	...	...	...	...	...	20	1	5.00
1925	...	...	...	...	...	...	...	51	13	25.49
								<hr/> 583	<hr/> 124	<hr/> 21.20

In these 12 years, 583 cases were admitted to Government hospitals, an admission rate of approximately 48 cases a year, with an average death rate of 21.2 per cent. In the present stage of our knowledge as to cause and treatment, this may be accepted as the average mortality rate from this disease amongst cases treated under the most favourable conditions, but amongst those backvelders and pioneers who are too far away, or for other reasons are unable to reach trained assistance, the mortality rate is, I am afraid, much higher. It is this that makes this disease so dreaded in outside districts, and persons secure in towns and other places where this scourge is hardly known have little conception of the fear this disease raises in the minds of many persons in those parts of the Colony where blackwater fever is known to be particularly prevalent.

Smallpox.—This disease, which ever since the occupation has been endemic amongst the indigenous native population of the Colony, with more or less annual epidemic outbreaks, has shown a marked abatement in the last two years, only four cases being reported during 1924 and 1925, with one death in these two years, and it would almost appear as if the systematic vaccination of the native population in the reserves, and the vaccination of all alien natives entering the country, was at least leading to the disappearance of smallpox as a serious factor in the sickness and mortality rates of the native population.

Vaccination.—The average of unvaccinated children attending the schools has been given by the Medical Inspector of Schools as 12.37 per cent. of those examined by him.

Ninety-three exemption certificates were issued, exempting persons from vaccination, of whom 38 were children and 55 adults; all being on conscientious or religious grounds, with one exception, which was exempted on the grounds of ill-health.

The following native vaccinations were done during the year:—

Indigenous	...	...	...	...	...	...	...	6,252
Alien (at port of entry)	...	...	...	...	...	...	...	21,861
Total	...	...	...	...	...	...	...	28,113

Enteric Fever.—There were 33 hospital admissions on this account, of which 24 were Europeans and nine natives, as compared with 50 admissions in 1924.

This is a disease which shows little or no tendency to become epidemic amongst the native races, and is hardly ever heard of on native reserves. The following are the yearly admissions to hospitals, and the number of deaths recorded annually by the Registrar for the quinquennial period 1921-1925 inclusive:—

[illegible]

Undulant (Malta) Fever continues to occur sporadically all over the Colony, the source of the infection in nearly every case remaining a mystery. At the same time it cannot be said to be increasing in frequency, and up to now has shown no tendency to become epidemic, nor does it appear to have any particular seasonal activity. There were nine European admissions to hospitals, as compared with 16 in 1924 and 12 in 1923. For the first time this disease is reported in a native, four cases being recorded. There is, however, no evidence so far of its appearance in native reserves.

Research into the causal agent is being continued at the Public Health Laboratory, and special reference to this will be found in the report of the Bacteriologist.

Influenza is a fruitful source of sickness both amongst the European and native populations, more than one epidemic at different centres occurring during the year. It is not so much the influenzal attacks themselves which are of importance as the secondary results, especially the following pneumonias, to which the native in employment appears to be particularly prone. There were 341 admissions to hospitals on account of influenza, of which 120 were Europeans and 221 natives. Apart from these, however, there were many outbreaks, both on the mines and in the reserves, and over 40 native deaths were ascribed to this cause alone, quite apart from those which occurred as the result of, and following, pneumonia.

Pneumonia still remains the most important cause of sickness and death amongst the native races of the Colony, and more especially amongst those who work on the mines, even though there has been a marked diminution in the number of cases this year, due in the main to the climatic conditions prevailing. The admissions to general hospitals were:—Europeans 64, with 16 deaths; natives 379, with 99 deaths; whilst amongst natives employed on mines 1,596 cases, with 232 deaths, were reported on the monthly sick returns.

Tuberculosis.—There were 141 admissions to hospitals, mostly on account of phthisis pulmonalis, of which 33 were Europeans and 108 natives; this being slightly lower than in 1924, with 151 admissions, of whom 20 were Europeans and 132 natives.

The deaths recorded were 79, classified as follows:—

[illegible]

The following gives the number of deaths in this Colony from tuberculosis for the past 12 years:—

[illegible]

Venereal Diseases.—Every year an increasing number of cases of venereal disease, and more especially syphilis, come under our observation, though it would be wrong to surmise from this that syphilis is spreading, the increase being due rather to the fact that natives are now coming forward more readily for treatment than they have done in the past. For instance, the Medical Officer of Health for the Municipality of Salisbury reports that there were 133 cases treated for syphilis at the town native venereal clinic during 1925, an increase of 61 cases, or nearly 100 per cent. over 1924, but of these 133 cases 74 came from outside of the Municipal area, and had come to town especially for treatment, whilst only 59, or about 0.5 per cent., of the 10,444 natives medically examined by the Medical Officer were found to be suffering from syphilis in one form or another.

The incidence rate amongst natives employed on mines also shows an increase from 0.67 per cent. to 1.03 per cent. of those employed, but here also this is probably due to infected persons presenting themselves more readily for treatment.

The medical officers attached to the native venereal treatment centres in Ndanga and Belingwe native districts both remark on the eagerness with which natives are now applying for treatment, owing to what is to them the miraculous result of one or two intravenous injections of 606 or some similar synthetic preparation of arsenic.

It is fortunate that amongst them there is no sense of shame or desire to hide the fact of infection, and therefore there is no inducement to conceal the disease.

Venereal treatment centres are now established in the native districts of Ndanga and Belingwe, and it is proposed to establish a similar centre in the Gatooma-Hartley area, which will specially serve natives employed on the small mines, amongst whom venereal disease is reported to be rife.

In addition, local authorities under the Public Health Act can, and in the case of Salisbury and Bulawayo Municipalities do, claim substantial refunds from the Government for the segregation and treatment of these cases.

Anti-syphilitic remedies are also supplied to all Government Medical Officers, Native Commissioners, missionaries and others for free distribution to the native population, and 2,197 doses of novarsenobillon were sent out by the Public Health Department during the year.

Syphilis is specially prevalent amongst the indigenous native population in the south-eastern parts of this Colony, and the opinion has been expressed by more than one medical officer brought into direct contact with the cases in these areas that the disease here more closely resembles frambœsia or yaws, an allied disease known to exist in other parts of tropical Africa, and this will be made the subject of closer investigation at an early date.

Helminthiasis.—Bilharzia.—The infection of young persons by this parasite is not spreading, the knowledge of its life history and its method of access to the human body having led to much greater care being taken of children paddling or bathing in pools or rivers.

The Medical Inspector of Schools reports that he found 24 children (all boys) infected out of those examined by him. It is still fairly prevalent, however, amongst the native population, alien natives from north of the Zambesi being the most affected.

Hookworm.—In his annual report Dr. Lawrence, of the American Board Mission at Mount Selinda, in the Melssetter district, drew attention to the prevalence of ankylostomiasis or hookworm amongst both the European and native population in the immediate vicinity of the mission, out of 250 stool examinations only 43 being found negative; that is to say, 82 per cent. of the persons examined were found to be infected, of which 11 were Europeans. It was desirable to ascertain if a similar percentage existed in other parts of the country, and Dr. Orpen undertook an investigation at the laboratory at Salisbury, but out of 103 stool examinations collected from patients in hospital, prisoners in gaols and native police, only one was found to be infected with hookworm, four with schistosome mansoni, two with ascaris and one with oxyuria infection.

At the same time Dr. Lawrence submitted his slides and material to the laboratory, where his results were confirmed.

The reasons for this small local infection in a remote part of the Colony are hard to trace, and it is possible that it may have spread from the mission itself. Infections by other animal parasites are comparatively common, but call for no special comment.

Trypanosomiasis.—There were two cases reported, with one death, during the year, both being natives.

There is still reason to suppose that a focus of infection exists somewhere in the native district of Mafungabusi to the west of the Sanyati river. It is hoped further investigation of this area will be undertaken at an early date.

CHAPTER V.—HOSPITALS AND ASYLUMS.

There were 7,875 admissions to general hospitals in Southern Rhodesia in 1925, as compared with 6,824 in 1924, of which 3,524 were white and 4,301 were coloured and natives, European admissions being increased by 1,051 and coloured and native admissions by 310.

European admissions reached their highest in the month of May and their lowest in August, while conversely native admissions were at their highest in August and lowest in February.

Salisbury Hospital.—The total admissions to the hospital during 1925 constitute a record, and show a substantial increase over the previous years.

The isolation block which was built in 1924 has provided a long-felt want, and has been utilised on frequent occasions. In view of the increased number of admissions, the accommodation for patients is becoming strained, and the erection of additions to this hospital is now under consideration, and it is hoped that additional wards with further accommodation for the nursing staff will be commenced this year. Meanwhile, as a temporary measure, a house has been rented near to the hospital for the accommodation of the growing nursing staff.

Memorial Hospital, Bulawayo.—This hospital was taken over by the Government and became absorbed in the general hospital system of the Colony as from the 1st April, 1925, Dr. F. H. Ellis, M.C., succeeding the late Dr. W. M. Eaton, O.B.E., as the Medical Superintendent.

We were fortunate in being able to take over nearly all of the members of the old hospital board as the new hospital advisory committee, and their willing assistance and co-operation during the transition stage was extremely helpful and much appreciated.

The nursing staff were also transferred under Government conditions of service, and the staff of this hospital now comes under the terms governing appointments in the Southern Rhodesia nursing service.

A change was also made in the scale of fees charged to patients, which were reduced to the scale as charged at other Government hospitals.

A somewhat lengthy list of arrear buildings at this hospital requires to be met, but these are receiving attention, and some are already in hand or completed, and further buildings will be arranged for as necessity demands and as funds permit.

Umtali Hospital.—This hospital is somewhat out of date as regards structure and is also frequently overcrowded, and it has been represented that it is no longer adequate or suitable for present requirements of the town and district, and at the moment the erection of a new hospital on a more extended site outside of the town is receiving consideration. Additional separate accommodation for Asiatics and coloured patients is also required, but nothing will be done in this connection until the question of the building of a new hospital is decided upon.

Gwelo Hospital.—Last year's report drew attention to the necessity for additional accommodation for native patients, and the erection of additional wards was outlined, which were to form the nucleus of a new native hospital in the grounds of the present hospital building. Nothing so far has been definitely decided in this connection, and in the meanwhile the strain has been met by the erection of a wood-and-iron building, which is of a purely temporary nature; at the same time it is fortunate that the reduction in the number of native admissions has somewhat eased the position as regards this class of patient.

During the year the ward for chronic sick Europeans was closed, and chronic sick patients, in accordance with an arrangement entered into with the Salvation Army, were sent to the Army Home for Destitutes at Bulawayo, the Government agreeing to pay to the Salvation Army a certain sum per head for their maintenance. This arrangement has liberated one of the larger wards for other patients, and the accommodation for white patients at Gwelo is now actually somewhat in excess of present requirements.

Fort Victoria Hospital.—The erection of the new hospital has been commenced, and the building should be ready for occupation within the next few months.

There were fewer admissions than normal this year, and in this connection the Government Medical Officer tenders a somewhat novel explanation, namely, that the numbers are lower this year owing to the abnormal rains in the early months of the year and the flooded state of the rivers, whereby patients who would have come in under more normal conditions were not able to reach the hospital.

This new hospital is urgently required, and should prove a boon to the residents of this part of the Colony.

Gwanda Cottage Hospital.—The European admissions were slightly decreased and the natives increased, the increase in the latter being due to the large number of natives employed in the district owing to renewed activity in mining.

Local residents have submitted a petition for a new European hospital to be erected, and this is receiving consideration.

Enkeldoorn Hospital.—There was a considerable increase both in the European and native admissions to this little cottage hospital during the year.

A house for the Government Medical Officer has now been erected, which has removed a constant source of trouble. On the closing of the Falcon Mine the medical officer to this mine was withdrawn, and as this meant that there was no longer a doctor resident at Umvuma, it has been arranged that the Government Medical Officer, Enkeldoorn, should visit Umvuma once a fortnight, or other times if required, and in addition the Government offered to pay a grant-in-aid towards the appointment of a district nurse. These arrangements, coupled with the fact that Umvuma is situate on the railway connecting with either Gwelo or Fort Victoria, where general hospitals are established, should, it is considered, suffice for the present in providing for the care of the health of the public at this centre.

Certain minor structural alterations were carried out during the year, and this little hospital should now be adequate for local needs for some time to come.

Gatooma Hospital.—Plans and specifications for a new hospital received final sanction, and though the work has not yet been commenced, it is anticipated that the building will be so far completed in 1926 as to allow of the occupation of the European section at any rate, and in the meantime arrangements have been made to continue the occupancy of the present hospital building, which is held under lease.

Shamva Cottage Hospital.—The new hospital is in course of construction, and will be ready for occupation within the next few months.

There has been a marked increase in the number of European patients applying for admission, and the substitution of the new building for the old wood-and-iron structure will be a blessing to both patients and staff alike.

Sinoia Cottage Hospital.—The new hospital here has also been commenced, and is approaching completion, and should be ready for occupation at an early date.

The old hospital at Sinoia is a wood-and-iron structure, and its substitution by an airy, modern brick building is a great improvement. Numerous complaints from patients and staff have been received about these old temporary buildings, and there is no doubt in these hotter districts they were unsuitable for patients who suffer from serious and protracted illnesses and cannot be transferred.

Belingwe Cottage Hospital.—This is more in the nature of a local receiving ward, with one nurse in charge.

The medical charge is now undertaken by Dr. Tilander, of the Swedish Mission at Mnene, in place of the Government Medical Officer at Filabusi. Dr.

Tilander holds British qualifications, and as he is resident only 17 miles from Belingwe, as against Dr. Wallace's 40 miles, the alteration is a desirable one.

The residents of Shabani during the year asked that the Government should establish a hospital there, and after consideration they were informed that if they would combine and erect a hospital the Government would assist on an equal basis. However, owing to dissensions and difficulties between the rival asbestos groups, nothing so far has been done.

Morgenster Leper Settlement.—The number of lepers at the Settlement as at the 31st December, 1924, was 177 (123 males and 54 females). During 1925 36 new cases were admitted (28 males and eight females). Ten were discharged (nine males and one female). Eleven escaped (nine males and two females). Twenty-one died (14 males and seven females), while the daily average maintained was 189.

Some time ago it was decided that the Settlement should be moved from its present situation, and a suitable site has been selected in the Tokwe Valley and along the banks of the Gaborgwe stream. It is well watered, sheltered and secluded, and yet accessible from the main Victoria-Nuanetsi Road, and should be more easily administered than the present place. Brickmaking is already in progress, but it is not expected that the Settlement can be moved to its new home till the end of the present year at the earliest. Mr. Stappard, the Assistant Superintendent, having resigned, his place has been taken by Mr. Lewis.

Arising out of correspondence with the Imperial Government and the British Empire Leprosy Relief Association, it has been agreed that experiments should be undertaken by the Government Forestry Department in the growing of certain of the *Hydnocarpi*, from which supplies of chaulmoogra oil can be obtained.

Some experimental work has been carried out at the Settlement in the administration of the ethyl-esters of chaulmoogra, and the medical officer in charge reports that the result of the treatment to date in certain selected cases has been encouraging.

The health of the patients at the Settlement has improved, and the lepers themselves are reported to be more contented than formerly.

Ingutsheni Mental Hospital.—The report of the Medical Superintendent for the year is presented in Part II. of this report.

Steady progress has been made with the erection of the new female blocks, and they are expected to be ready for occupation not later than May next. The removal of the native female lunatics to the new quarters will afford much-needed relief, as their present wards will at once be utilised for relieving the congestion in the native male section.

On the completion of the block for European females, steps will be taken to remove all our Rhodesian female lunatics to Bulawayo from the various asylums in the Union, where they are at present maintained at Government expense, and through the courtesy of the Union Government.

Further extensions are still required, however, and are receiving consideration.

Additional land for cultivation has also been applied for and has been granted, and the mental hospital farm now materially assists in meeting the costs of maintenance, quite apart from providing a useful and congenial occupation for the inmates.

Difficulties are being experienced in obtaining qualified and trained attendants, owing to the smallness of the staff and their comparative isolation. Terms of appointment have therefore been revised and generally made more attractive, and it is hoped this difficulty will now be overcome, as it is a matter of supreme importance to the welfare of this class of sick that the persons in attendance should have received a course of special training.

Statistics relating to the principal diseases treated in Government hospitals during the year will be found in the Appendix to this report.

A. M. FLEMING,
Medical Director.

Report of the Medical Inspector of Schools
for the Year 1925.

Public Health Department,

Salisbury,

2nd February, 1926.

THE MEDICAL DIRECTOR,

SALISBURY.

Sir,

I have the honour to present my annual report for 1925 on the work of the school medical service in Southern Rhodesia. This service is now under the Public Health Department, and the system of medical inspection of schools is firmly established on lines closely conforming with those that obtain in Great Britain and the Union of South Africa.

The Government have now appointed a schools dental surgeon, and effective measures to cope with dental diseases in the schools will be put into force from the beginning of 1926. A scheme for inspection and treatment is in the course of preparation, and it is hoped that before long every child in attendance at Government schools will be under dental supervision. This is a big step forward, and will go a long way towards improving not only the children's dental condition, but their physical condition generally. It will be seen from my statistics under "Dental Diseases" that the percentage of children suffering from dental caries, etc., is high, and when the matter is investigated by a dental surgeon an even higher percentage of caries will, in all probability, come to light. My statistics only show the percentages of cases where defective teeth were obvious, but there are many cases where cavities in teeth are situated in positions which require special instruments for their detection. Suffice it to say that the appointment of a schools dental surgeon will reap results which will, in my opinion, more than compensate for the expenditure incurred.

The children examined by me this year comprised:—

1. Entrants, i.e., children who had commenced school life since the last medical inspection;
2. All children in the age group 9 to 12 years, inclusive.
3. Special cases, irrespective of age, who were specially brought up for examination by teachers, parents or guardians.
4. All those cases who had previously been referred for treatment or observation.

The total number examined, 3,514, is greater than in any previous year, taking into consideration the number of outlying schools visited. This is accounted for by the fact that my knowledge of the country has much improved, and in consequence much time has been saved in travelling by expeditious routes.

I would again draw attention to the neglect shown by a certain number of parents in giving effect to recommendations made by me during the time of medical inspection, 69.92 per cent. having received the medical attention prescribed; for though there is an improvement in this respect, it is not yet satisfactory.

Schools Examined.—During the year under review, my improved knowledge of the roads throughout the Colony enabled me to cover a larger field. Eighty-five schools in all were inspected.

The details given below show the various schools visited and the number of children (boys and girls) examined:—

School.	Boys.	Girls.	Specials.	Total
Emerald Hill	17	25	3	45
Avondale Preparatory	25	30	8	63
Primary, Salisbury	36	32	26	94
Prince Edward School, Salisbury	171	...	33	204
St. George's, Bulawayo	66	...	7	73
Milton High, Bulawayo	153	...	42	195
Convent, Bulawayo	10	30	22	62
Eveline High, Bulawayo	25	150	54	229
Primary, Bulawayo	53	40	18	111
Raylton, Bulawayo	23	17	...	40
Girls' High, Salisbury	41	129	25	195
Convent, Salisbury	21	77	34	132
Hillside, Salisbury	3	18	...	21
Hatfield Preparatory	12	12	8	32
Parktown Preparatory	5	7	2	14
Citrus Estate, Mazoe	5	3	...	8
Bindura	11	4	...	15
Arcadia	5	2	...	7
Shamva	31	17	6	54
Sinoia	17	18	...	35
Hartley	20	21	3	44
Eiffel Flats	10	14	...	24
Gatooma	48	39	8	95
Que Que	35	34	4	73
Macheke	6	9	...	15
Marandellas	13	12	...	25
Sandelboom	6	6	...	12
Rusape	7	5	2	14
Makoni North	5	7	...	12
Diana	4	8	...	12
Mount Pleasant	6	2	...	8
Riversdale	15	6	...	21
Enkeldoorn	32	37	5	74
Wildebeestelaagte	3	10	...	13
Uitkyk	8	5	...	13
Xekene	10	6	...	16
Jakhalsdraai	7	8	...	15
Ngezi Poort	5	5	...	10
Nebo Farm School	3	7	...	10
Mtsiki	8	2	...	10
Umvuma	30	26	3	59
Nyson	8	14	...	22
Watershed Block	3	2	...	5
Lalapanzi	6	6	...	12
Welgetroos	2	7	...	9
Strathfellan	3	4	...	7
De Rust, Somabula	3	12	...	15
Willoughby's Spur	8	3	...	11
Glenville Preparatory	9	2	...	11
Warringham	7	4	...	11
Nyamandhlovu	3	6	...	9
Lonely Mine	13	11	6	30
Willsgrove ... ..	...	5	...	5
Cement Siding	2	3	...	5
Queen's Mine	5	4	...	9
Hunter's Road	5	4	...	9
Gwanda	6	9	...	15
Wankie	10	10	...	20
Plumtree Village	2	7	...	9
Plumtree Public	61	...	31	92
Newmansford	12	9	...	21
Forward	1,179	1,002	350	2,531

School.	Boys.	Girls.	Specials.	Total.
Brought forward	1,179	1,002	350	2,531
Shangani Farm School	6	5	...	11
Lushongwe Farm School	6	10	...	16
Marula	4	4	...	8
Penhalonga	4	14	3	21
Hillside, Bulawayo	11	16	...	27
Johannesrust	9	10	...	19
Ruwaka	9	8	...	17
Melsetter	19	17	1	37
Chipinga	21	18	1	40
Sabi Valley	7	6	...	13
Mount Selinda	3	7	...	10
The Meadows	6	5	...	11
Umtali High School	102	100	51	253
Daisyfield	32	22	21	75
Victoria Public	30	28	...	58
Selukwe Public	11	19	8	38
Victoria Plots	9	15	4	28
Rurgwe	7	2	...	9
Morgenster	3	5	...	8
Gath's Mine	8	4	2	14
Shabani	9	10	...	19
Convent, Gwelo	17	34	3	54
Gwelo High	110	62	21	193
Matopos	4	...	...	4
Totals	1,626	1,423	465	3,514

Children Examined.—The total number of children examined during the year was 3,514. Of these—

- 655 (18.63 per cent.) were recommended for medical or surgical treatment;
- 211 (6.00 per cent.) were recommended for urgent dental treatment;
- 933 (26.55 per cent.) had decayed teeth;
- 47 (1.33 per cent.) were recommended for both medical and dental treatment.

It will be seen from the above statistics that the number of children who require treatment is considerable. A large percentage of the defects are comprised under "Dental Diseases and Defects." This, however, it is hoped, will be much reduced when the new dental scheme is in operation.

Action Taken on Previous Recommendations.—The numbers recommended for treatment in 1925 were as follows:—

Doctor	655
Dentist	232
Doctor and dentist	47
Total	934 (26.57%)

The numbers recommended for treatment in 1924 were 685 (37.69 per cent.). Action taken on these recommendations was as follows:—

Vaccination	241
Dental treatment	116
Medical	10
Surgical	106
	473
	(69.92% of 1924 recommendations)

It will be seen from the above figures with regard to the number of cases where action has been taken on the advice given by the medical inspector that this year I am able to report an improvement, especially in the cases recommended for surgical treatment. Sixty-five cases of tonsils and adenoids have been treated successfully, 33 cases of defective vision have been supplied with

suitable lenses, and 241 successful vaccinations have been carried out. The above figures are gratifying, and point to the effectiveness of the school medical service. There is little room for doubt that parents are commencing to realise the importance of carrying out the advice given to them at the time of medical inspection, and in redeeming parental obligations by looking after the health and well-being of their children. A great deal still remains to be done in this connection, as previously pointed out in this report, but progress has certainly been made, and, I am of the opinion, will be even more marked in the future.

Attendance of Parents.—

	1925.	1924.	1923.	1922.
Parents present ...	771 (21.94%)	517 (28.45%)	479 (14.8%)	660 (20.84%)
Parents absent ...	1,788 (50.88%)	603 (33.18%)	1,281 (39.7%)	725 (22.89%)
Parents represented	955 (27.17%)	697 (38.35%)	1,460 (45.5%)	1,782 (56.27%)

The above statistics give at a glance the attendance of parents at the medical examinations. The age group inspected this year comprised children between the ages of 9 to 12, and one would have expected, in the case of these younger children, a larger parental attendance rather than the decrease which the statistics show. This may be accounted for in some measure, perhaps, by the fact that a large percentage of the children examined were boarders, and in those cases homes are, as a rule, a considerable distance from the school, especially in the outside districts. Parents in many instances also are engaged in occupations which necessitate their constant supervision, and this is another factor in the low percentage of parental attendance. Parents whose children are found to be suffering from defects requiring medical, surgical or dental treatment receive individual letters from the medical inspector, but there are many minor ailments which are worthy of discussion, and it is obviously impossible to deal with such, except verbally.

Clothing and Footgear.—There were 10 cases in which clothing was found to be faulty, and 3 in which it was bad in every respect. This is a small percentage, and is satisfactory; but on the other hand there is room for improvement in the type of garment generally worn, and as I have stated in previous reports, too little attention is paid to this very important subject of clothing. An endeavour has been made by the physical trainer at the Eveline High School to introduce wide corset belts in the case of girls, and I am of opinion that this particular garment might be adopted in other schools to the children's advantage.

Footgear.—There has been no improvement in this respect. In the majority of cases little attention is paid to the proper fitting of boots and shoes; in consequence, it is frequently found that children suffer from the discomfort of tight-fitting footgear; or again, boots and shoes too large, which cause chafing, etc., eventually leading to faulty locomotion. There are certain diseases prevalent in Rhodesia which are directly caused by the entrance of parasites, etc., through the skin—another argument in favour of protecting the feet by the use of boots or shoes. The practice of going bare-footed is a dangerous one and should be discouraged.

Headgear.—There is still room for improvement under this heading. Suitable headgear is conspicuous by its absence, even though the deleterious effect of exposure to the sun's rays is noticeable daily in the schools and detracts from the educational results, which, in many instances, would be much enhanced were the children better protected from sun exposure.

Nutrition.—Of the 3,514 children examined, 228 (6.48 per cent.) were found where nutrition was below normal; 40 (1.13 per cent.) where malnutrition was definitely present, leaving 3,147 (89.55 per cent.) where nutrition was normal. There were 99 cases (2.81 per cent.) where nutrition had improved since the previous examination, but their nutrition was still below normal. These figures are satisfactory, and compare very favourably with similar statistics in other countries. As I have previously stated, malnutrition is not merely the consequence of want of proper food; such factors as want of sleep, overwork and fatigue play important parts in engendering it, and throughout Rhodesia undoubtedly the majority of cases of malnutrition are directly the outcome of

intermittent malaria, septic sores, etc. The diet of the school child has received consideration at the boarding schools, and generally speaking, the boarder is of better physique and nutrition than the day scholar of the same age group. This perhaps is not so much due to the quality of the food as to the regular hours for meals, etc. In many instances the day scholar has an early hurried meal, and immediately afterwards proceeds a long distance to school. Again, in many instances his dinner is irregular owing to the same fact, and often the child arrives home much later than is necessary, having loitered on the way. Variety in diet should be carefully studied, as undoubtedly variety whets the appetite and encourages the youngster to eat. Fruit and fresh vegetables should form essential parts of the child's diet. Milk, butter, eggs, fresh vegetables and fresh fruit should form the staple diet of the child, rather than meat, mealies and tea, which appear to form too often the regular meals of many children.

The teaching of hygiene in the schools should help considerably in this respect in the future, and the facilities at the disposal of the Education Department should be taken fullest advantage of.

Cleanliness and Condition of the Skin.—There were 89 cases of uncleanness. I would point out that the above figure is rather misleading. Surprise visits are, at the present juncture, impossible, owing to the numerous schools the medical inspector has to visit and the scattered nature of such schools. The parents are invariably notified when to expect the medical inspection of their children, and on such occasions there is a general overhaul, so that the medical inspector's findings may not represent the true state of affairs. On the other hand, such a sudden and complete cleansing of the child must form an impression on the young mind, suggesting that in order to appear before strangers it is necessary to be clean. Unfortunately, the long period of irregular bathing and the infrequent changing of clothing becomes such a fixed habit that the above sudden change may be viewed by the youngster as a punishment!

The following are details of children found to be suffering from skin diseases:—

Veld sores	11
Eczema	3
Furunculosis	4
Warts	4
Ringworm	7
Seborrhœa	1
Impetigo	2
Ichthyosis	2
Psoriasis	1
Alopœcia	1
Acne	21
Leucoderma	2
Scabies	39
Pedicute	5

Dental Diseases and Defects.—Of the 3,514 children examined—

- 933 (26.55 per cent.) were found to have less than four decayed teeth;
- 211 (6.00 per cent.) were found to have more than four decayed teeth;
- 18 (0.51 per cent.) had irregular teeth;
- 3 (0.08 per cent.) had deficient teeth;
- 52 (1.47 per cent.) had neglected teeth;
- 7 (0.14 per cent.) had artificial dentures;
- 390 (11.09 per cent.) had had dental treatment.

In all, 1,165 (33.15 per cent.) cases required dental treatment, and 52 instruction regarding dental hygiene.

The above statistics must be accepted as approximate only, as during the routine medical examination only those teeth which showed obvious caries were recorded. It is clearly evident that were the examination conducted by a dentist, a much higher percentage of caries would have been discovered, as there are many cavities situated in positions necessitating special knowledge and instruments for their detection. With the introduction of a schools dental

service, proper and systematic dental examinations and treatment will be carried out. Dental record cards will be introduced on similar lines to the medical record cards, and every child in attendance at Government schools will be recorded on this special dental record card. The schools dental surgeon will proceed to the various schools in rotation, taking with him the necessary equipment, and will establish there a temporary dental clinic, where, subject to parental permission, all children will be examined and their teeth systematically dealt with. There being at present only one schools dental surgeon, it will naturally take a considerable period before all the children come under treatment; but once this is done, subsequent treatment will be less formidable, and in the course of time his visits will be more frequent.

Ear Diseases and Defects of Hearing.—There were 38 cases of organic ear disease. Of these, 13 were found to be suffering from active otitis media, and were recommended for treatment. There were 18 which showed old perforation of the tympanic membrane, but as no active disease existed, no further treatment was recommended.

Organic.—Otitis media.—

Right ear (active)	6
Left ear (active)	3
Right and left ears (active)	4
Right ear (not active)	5
Left ear (not active)	4
Right and left ears (not active)	9
Oto sclerosis.—Left ear	1

Functional.—Cerumen.—

Right ear	70
Left ear	53
Right and left ears	75

There were six cases of defective hearing which are not included amongst the above defects, due to such causes as chronic nasal and eustachian catarrh, nerve deafness, etc.

Nose and Throat Defects.—Of the 3,514 children examined, there were 889 (25.29 per cent.) cases defective in this respect, as compared with—

24.33 per cent. in 1924;
25.78 per cent. in 1923;
27.69 per cent. in 1922.

Of this number, 177 (5.03 per cent.) were recommended for operation; the remainder for treatment other than operative.

The following table shows the statistical tonsillar defects:—

Right and left tonsils markedly enlarged	155
Right tonsil markedly enlarged	41
Left tonsil markedly enlarged	16
Right and left tonsils slightly enlarged	481
Right tonsil slightly enlarged	89
Left tonsil slightly enlarged	39
Right markedly and left slightly enlarged	14
Left markedly and right slightly enlarged	12

Adenoids.—The number of children found to be suffering from this disease was 42. (These are included in the total of 889 under “Nose and Throat Defects.”) All of these were recommended for surgical treatment.

Other Diseases and Defects of the Nose and Throat.—

Adenoid facies	9
Mouth breathers	104
Palates—	
High and narrow	14
High	15
Narrow	2
Cleft	3

The children in possession of these conditions were in most cases normal as regards mentality, but speech was defective in the case of those with cleft palates.

Uvula—

Bifid	9
Elongated	1

Enlarged Glands—

Submaxillary	2,109 (60.01 per cent.)	
Tonsillar	312 (8.87	,,
Cervical	74 (2.10	,,
Inguinal	312	(boys only)

There are few remarks necessary under this heading, as I have dealt very fully with the subject in previous reports. However, I would again comment on the various headings in a lesser degree.

Tonsils and Adenoids.—These defects always constitute a large percentage of the total defects found during the course of routine medical inspection. That so many were found this year does not mean that they were confined to the age group 9 to 12 years, as all cases found and recommended for operation in previous years, and who are still untreated, are included under "Markedly enlarged tonsils." It would seem useless to advise parents in certain instances that such operative treatment as is recommended at the time of medical examination is essential. They often maintain that "the child will grow out of it." This, of course, is due to ignorance. It is a well recognised fact in the medical world that such defects cause complications if left untreated, and may lead to permanent disabilities impossible to cure, such as deafness, caused by the spread of infection along the eustachian canal to the middle ear, giving rise to otitis media and mastoid implication, or the lesser evil of deafness due to catarrh and subsequent occlusion of the eustachian canal. It is for such parents that I would offer the suggestion of legally enforcing treatment. Again, one sometimes finds that even after operation the tonsils and adenoids again have become enlarged; this is rather a misleading statement, as the subsequent enlargement of the tonsils and re-appearance of the adenoids are due to faulty operative technique. Parents should be instructed to bring the little patients again to the surgeon some time after the operation, when, if necessary, he may remove any portion of tonsillar or adenoid tissue which may have been inadvertently overlooked at the time of the first operation. Thirdly, breathing exercises should be given subsequent to the operation; without such, adenoids are almost certain to re-appear.

Mouth Breathers.—The number of such cases is large—104, and this by no means represents the total. In the majority of these cases nasal obstruction was present in the form of adenoids or tonsils. It is a defect which leads to a facial expression not to be desired, and a defect capable of being remedied if the advice given were acted upon, namely, the carrying out of operations where necessary and subsequent properly systematised breathing exercises.

Palates.—Abnormal palates do not constitute a high percentage of the defects found during the course of medical inspection, nor does one attribute to them any serious import. High and narrow palates have been stated to be a clinical evidence of a mentality below the normal. My experience does not uphold this theory. Such defects in themselves are not evidence of mental deficiency, and I may add that the children recorded in my statistics who possess such abnormal palates are of normal mentality. Speech is undoubtedly affected by such anatomical abnormalities, especially in the case of cleft palates. The children in possession of the latter are liable to be sensitive about their speech—they are often the butt of other children: this aggravates their sensitiveness. Their mannerisms may therefore be different from the average child.

Nasal catarrh	2 cases
Pharyngitis	3 cases
Tonsillitis	1 case
Laryngitis	1 case
Extensive pharyngeal ulceration	1 case

The parents of all the above children were notified and treatment recommended.

Defective Articulation.—Eighteen cases, comprising stammerers, 3; lisps, 8; abnormal speech due to nasal obstruction, 7.

Defective Vision and Eye Disease.—The total number of children examined as regards their vision was 3,127, of whom 276 (8.82 per cent.) were found to be suffering from defective vision, squint, etc. Of the above number, 79 have already been provided with glasses, of which 56 are satisfactory. The remaining 23 require re-examination and provision of suitable lenses. All the children suffering from defective vision, etc., were recommended for treatment. The vision testing was carried out in the usual way. The cases found to be defective are now included in the “following up” list, and will, together with all other defectives, be kept under observation so that it may be ascertained whether the recommendations for treatment have been carried out or not. It was found, as is generally the case, that many of the younger children cannot understand the capital letters, which makes it more difficult to test their vision according to the recognised method.

The following external eye diseases were discovered:—

Conjunctivitis (simple)	1,121
Blepharitis	6
Conjunctivitis and blepharitis	49
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Total	1,176 (33.46%)

Strabismus (Squint).—

Right internal strabismus	31
Left internal strabismus	24
Right external strabismus	8
Variable internal strabismus	9
Variable external strabismus	1
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Total	73 (2.07%)

All the above cases were recommended for treatment.

Unusual Cases, plus Cases of Defective Vision due to Mechanical Interference.—

Corneal opacities	4
Traumatic cataract	1
Old injury, right eye; dislocated lens, etc.	1
Irides of different colours	4
Exophthalmus	2
Proptosis	1
Marked lateral nystagmus	1
Abnormal and accessory tear-duct	1

There are still too many children using glasses which do not correct their defective vision. Where treatment was recommended the parent was notified, and prescriptions for eye diseases, where necessary, were given to the parent, with instructions how to apply such treatment.

All school children who are known to suffer from defective vision are now receiving special consideration by the teachers. Principals or teachers have been instructed to place all cases of defective vision, high or progressive myopia, in the most suitable position in the class-room. Their clerical work, reading and home-work—in fact, all visual study—are cut down to a minimum, so far as is consistent with education, and in certain instances complete rest from school work has been advised. These cases come up for regular medical examination so that they may be kept under strict medical supervision.

The lighting at all Government schools is receiving special attention, and where necessary structural alterations to class-rooms have been and are still being carried out. In boarding hostels which are fitted with electric light, diffused reflected light is being installed gradually, so that no eye-strain due

to over-brilliant light or malposition of lights and shadows may be caused. Where oil lamps are in use it is a more difficult problem, but everything that can be done to improve lighting generally is being carried out.

Intensive education undoubtedly is a large factor in the production of defective vision; universal competition demands such education, and all one can do is to contend against the development of such defects by producing the most suitable surroundings.

Heart Disease and Disorders of Circulation.—The following will show the divisions in which I have placed the various conditions of the heart:—

Organic	26
Functional	795
Normal	2,693

I give the following explanatory details in relation to the above table:—

Organic.—

Mitral stenosis	3
Mitral incompetency	18
Mitral stenosis and incompetency	4
Cardiac dilatation	1

Functional.—

Tachycardia (rapid heart)	18
Arythemia	36
Functional bruits and murmurs	152
Anæmic and malarial	581
Nervous	8

From the above tables it will be seen that the number of cases of serious heart disease discovered at the time of medical examination was by no means large, and agrees very closely with the findings of previous years. As I have stated in former reports, one does not expect to find a high percentage of organic heart disease owing to the rarity of the serious infantile illnesses to which organic heart disease is attributable.

The number of functional disorders is considerable; a high percentage of these cases was found in rural districts where the malarial index is highest; indeed, in the majority of functional disorders a malarial history is the rule. My experience would lead me to believe that altitude plays but a very small part in the causation of heart disorders amongst the children of this country, but certainly tends to aggravate any functional disorders already present. Malarial and anæmic hearts I have classed in one category, as, in the absence of bacteriological examinations, it would be inadvisable to differentiate between them.

The majority of nervous hearts, which are clinically recognised by their disordered action, call for little comment; they are apparently due to such illnesses as influenza or minor ailments, and they are of a temporary nature.

Arrhythmia.—Under this heading are included various abnormalities of cardiac action, such as sinus irregularity, intermission and premature systoles, etc. These conditions are somewhat common in children, but generally disappear in later life. They have no pathological significance.

Anæmia.—1,046 cases (29.76 per cent.) showed clinical evidence of anæmia. The diagnosis was made on clinical examination only. No bacteriological nor blood examinations are possible under present conditions, nor, in the majority of cases, was it considered necessary. Profound anæmia undoubtedly calls for investigation, and such cases were referred for special examination and treatment, the parents being advised accordingly. The causation of anæmia is varied; one must not assume that because a child is pale it must necessarily be anæmic. The hæmoglobin index bears a close relationship to altitude, and has been found to be higher as the altitude increases; but pallor is a common label of all blondes living in tropical and sub-tropical countries, and is by no means an index of disease unless accompanied by pathological data.

Lung Diseases.—**Tuberculosis.**—Seven cases. Of these seven cases, four were found to have clinical evidence of lung infection. The sputum in two cases on bacteriological examination was found to be negative. The remaining two

had no sputum. None showed any clinical evidence of active disease. It was therefore considered that the disease was quiescent.

Three cases showed operation scars in the cervical region, and had a history of early tubercular infection of the cervical glands. In no cases were there any palpable glands which would suggest active infection. They are now considered to be cured cases.

All the above will be kept under medical supervision, and are placed on the "following up" list.

Old Empyemas.—One case, showing scars of operation; but no physical sign of lung disease could be detected.

Bronchitis and Bronchial Catarrh.—Eighteen cases. All were recommended for medical treatment. Some of the above were post-measles or post-whooping cough, but it was considered imperative that further medical treatment should be sought. The parents or guardians were notified accordingly.

Asthma.—Four cases. All are under medical treatment.

Flat Chests, Poor Expansion, Deformities, etc.—

Flat chests and poor expansion	1,095	(31.16 per cent.)
Pigeon chests	22	(0.62 ,,)
Sunken sternum	11	(0.31 ,,)
Left dorsal scoliosis	149	(4.24 ,,)
Right dorsal scoliosis	27	(0.76 ,,)
Low dorsal scoliosis	8	(0.22 ,,)
Kyphosis	269	(7.65 ,,)
Lordosis	20	(0.56 ,,)
Genu valgum	61	(1.73 ,,)
Pes planus	9	(0.25 ,,)

The above percentages point to a physique below the normal in certain respects, and I am forced to the conclusion that no marked improvement can accrue until physical training is carried out on more systematised lines, which can only be attained at considerable additional expenditure, but which, if we are to judge by the statistics, is more than justified.

Malaria, Blackwater Fever and Enlargement of the Spleen.—(a) Malaria.—Of the 3,514 children examined, 2,120 (60.61 per cent.) had a malarial history, as compared with 51.07 per cent. in 1924, 60.90 per cent. in 1923 and 55 per cent. in 1922. I have endeavoured to obtain figures which would show the year and the place in which the disease was contracted, but complete information on these points was difficult, and in many instances impossible to elucidate. The following table is given as an approximate computation of malaria contracted during the past five years (these figures are taken from what data were available):—

No history of malaria for five years	115
History of malaria contracted in 1921	20
History of malaria contracted in 1922	38
History of malaria contracted in 1923	155
History of malaria contracted in 1924	563
History of malaria contracted in 1925	791

The above table would suggest that memory for diseases is rather impaired. The history of recent attacks was obtained without difficulty, but a freedom from the disease for a period of two or more years leads to a very hazy recollection of the incidence.

(b) Blackwater Fever.—Thirty-three children had a definite history of blackwater fever; of these, two had a history of two attacks, two of three attacks and one of five attacks. The deaths of children from blackwater fever during 1925, recorded by me, numbered four.

(c) Enlargement of the Spleen.—The following table shows the number of children who were suffering from enlargement of the spleen:—

Spleen slightly enlarged	372
Spleen markedly enlarged	282
Spleen reaching almost to umbilicus	59
Spleen filling almost half the abdomen	40
Total	753 (21.42%)

The above statistics show that malaria and its sequelæ constitute a high percentage of the defects found during the course of medical inspection.

Bilharziasis.—Twenty-four boys were found to be suffering from this disease.

Infectious and Contagious Diseases.—The following table shows the number of children who have suffered from infectious and contagious diseases:—

Measles	1,662
Whooping cough	1,537
Chicken-pox	1,246
Scarlet fever	99
Diphtheria	26
Mumps	494
Enteric fever	56
Dysentery	58
Pneumonia	56
Bilharziasis	24
Cerebro-spinal meningitis	2
Erysipelas	1
Malta fever	2
Infantile paralysis	15
Enteritis (infective)	3
Small-pox	8

The above figures conform very closely with those of last year, but information regarding the incidence of infectious diseases is not always easy to obtain, especially in day schools, where a reliable school medical register is not always kept.

Small-pox and Vaccination.—Of the 3,514 children examined, 3,079 (87.62 per cent.) have been successfully vaccinated. (Keloid scars, eight.) Four hundred and thirty-five (12.37 per cent.) were found to be unvaccinated or to have no visible vaccination marks. Unvaccinated children are excluded from Government schools, unless an exemption certificate is furnished by the parent or guardian.

Other Diseases and Defects.—

Cestoda (tape worm)	2
Croup	16
Nephritis	5
Appendicitis	16
Appendisectomy	12
Rheumatic fever	9
Rheumatism	18
Epilepsy	5
Eneuresis	5
Rickets	16
Colitis	4
Jaundice	5
Cystitis	1
Peritonitis	1
Endocarditis	1
Septic endocarditis	1
Chorea	10
Tracheitis	1
Sunstroke	1
Malarial coma	2
Leucoplakia	2

Cysts	1
Moles	5
Phimosis	16
Deformed pinna, left ear	1
Deformed pinnae, right and left ears	1
Amputation, finger, congenital	1
Amputation, left forearm; congenital	1
Deformed left hand	1
Pigment	6
Synovitis, knee	2
Facial irregularity	6
Thoracic deformity	1
Mastitis, R.	1
Gynecomastia	1
Mongolian type	1
Hydrocephalic head	1
Microcephalic head	1
Cut ulnar nerve, wasting of muscles	1
Hernia.—	
Left inguinal	5
Umbilical	1
Herniotomy.—	
Right inguinal	4
Left inguinal	9
Right and left inguinal	3
Bubonocoele	4
Varicocele	2
Hydrocele	1
Testicular atrophy	2
Fractures—	
Radius and ulna	2
Humerus (condillar)	3
Radius	1

Of these, with the exception of one, where movement is impaired, there is no disability.

Operations.—

Amputation index finger, left hand	1
Amputation all toes, right foot	1
Mastoid	2
Hare lip	3
(one requiring further operative interference)	

Mentality.—

Dull	19
Backward	3
Dull and backward	35

It has been found impossible, owing to lack of time, to investigate the measurement of intelligence as one would wish to do. The above table shows only the numbers who have, at the request of principals, been specially investigated.

H. V. A. GATCHELL,

Medical Inspector of Schools.

Pasteur Institute and Public Health Laboratory.

REPORT FOR THE YEAR 1925.

General.—The permanent staff consists of the Bacteriologist, senior assistant, two apprentice assistants and two native Laboratory boys. One of the apprentice assistants will be appointed junior assistant in April next, and he has been seconded to the Research Department. This not only will give him a more thorough training, but also will save the expense of getting an assistant from England for each Research Investigator who is sent out.

Arrangements have been made with the London School of Hygiene and Tropical Medicine whereby a field station for purposes of research has been established at this Laboratory. Under this arrangement Research Investigators will be sent out to deal with any diseases that require investigation, while the Rhodesian Government contributes to the cost of the scheme.

Dr. Ross, Lecturer in Bacteriology at Leeds University, arrived in April to conduct bio-chemical and other investigations in blackwater fever, whilst Dr. Haworth arrived in September to conduct an entomological survey of the mosquitoes of this Colony, two native collectors being engaged to assist him in obtaining specimens. It is hoped that a Helminthologist will follow to study worm diseases, such as bilharzia, ankylostomiasis and filariasis.

In addition to the above, it is expected that a Chemist will be appointed this year to do public health work and research in natives' drugs, poisons, etc.

At present typing, filing and other clerical duties are carried out by the permanent staff, but clerical assistance will soon be necessary to meet the growing needs of the institution and to deal with indexing and abstracting scientific articles, and also with the library.

Structural alterations and additions to the Laboratory are under consideration in the shape of an upper storey to the present building which will provide for increases in staff and extension of work. The Laboratory is already overcrowded, with insufficient accommodation for the Entomologist, and some extension is urgently required.

PASTEUR INSTITUTE.

One European from Nyasaland and two Europeans from Portuguese East Africa were treated for rabies in Salisbury, all being well on discharge. One course of treatment was posted to Bloemfontein and another to Piquetberg (Transvaal) for patients who had been bitten there. We have had no patients from Southern Rhodesia since 1913; but, as cases occur outside this Colony, it is necessary to keep the stock of virus going, and courses of treatment have to be prepared throughout the year, whether cases occur or not, so that they will be ready when required.

The fee now charged for the service is £5 5s. for each course. Receipts to credit of Laboratory for this work during the year were £20 8s.

PUBLIC HEALTH LABORATORY.

I.—ANALYSIS OF WORK DONE.

A. Research.—Dr. Ross has made a separate report on the work done by him on blackwater and Malta fever, and Dr. Haworth has furnished a note on his entomological work. Research work has been done by the permanent staff on the saturation test, undulant fever and ankylostomiasis. The result of the above researches will be given later under their respective headings.

In addition, post-mortem examinations are undertaken by the staff as required, and visits to the hospital are made by Dr. Ross and myself for the purpose of collecting necessary specimens and making suggestions where necessary.

B. Routine.—The work increases rapidly, the number of examinations for the past four years being as follows:—

	1922.	1923.	1924.	1925.
Examinations ...	807	1,457	1,714	2,309

Outside districts are making increased use of the Laboratory, as is shown in the following table:—

	1922.	1923.	1924.	1925.
Southern Rhodesia—				
Salisbury	715	1,352	1,487	2,034
Other towns	92	99	227	273
Northern Rhodesia	—	3	—	—
Portuguese East Africa	—	3	—	1
Nyasaland	—	—	—	1

These figures for outside districts will improve steadily, but there is always difficulty in getting prompt delivery of specimens through the post, in spite of special arrangements which were made. Many specimens cannot be sent by post, of course, but as far as possible ways of sending such specimens are being devised.

The following table shows the method employed in examinations of specimens:—

	1924.	1925.
Bacteriological and Protozoological—		
Microscopical examinations	705	943
Agglutination tests	237	266
Preparation of vaccines	75	74
Decomplementising serum	5	1
Sigma re-action	67	94
Cultural examinations	145	258
Examination of water supplies	37	14
Examination of milk supplies	—	2
Antiseptic co-efficients	—	1
Biologic tests	3	6
Helminthological—		
Microscopical examinations	84	64
Entomological—		
Identification of insects	2	—
Pathological—		
Microscopical examinations	151	236
Sections of tumour, etc.	61	71
Post-mortem examinations	—	22
Chemical—		
Tests	26	135
Quantitative examinations	14	32
Medico-Legal—		
Microscopic or chemical tests	11	95
Biologic tests	3.	4
Miscellaneous—		
Preparation of rat specimens	88	1
Total	1,714	2,309

II.—REMARKS ON DISEASES, ETC., DEALT WITH.

A. Blackwater Fever.—Since his arrival in April, Dr. Ross, who has made a separate report, has carried out the following investigations:—He has visited blackwater areas in order to study local conditions in Salisbury; cases and recovered cases have been studied bacteriologically and chemically. Work on the site of hæmolysin formation in the body and on bile salt hæmolysis has been carried out. An article on blackwater was published by Dr. Ross, and an address given by him to a meeting of doctors in Salisbury. Treatment with caffeine-sodium benzoate, as recommended by Dr. Facio in South America, has been given a trial, and results will be published later.

B. Malaria.—Dr. Haworth has been handicapped by late arrival of apparatus and by lack of suitable accommodation, but has carried out the following work:—Two natives were trained as collectors, and a scheme for conducting a mosquito survey has been prepared and submitted, in which school and open competitions in collecting were submitted to the Director of Education, who provisionally approved. He also visited Bindura and studied the situation and distribution of areas and houses where cases of blackwater fever had occurred. Eggs, larvæ, imagines and mosquitoes have been collected, preserved and identified, and a mosquito trap designed and completed. More culex than anopheles mosquitoes have been found so far.

During the year 574 examinations of blood smears were made by us, with 102 positive results, as compared with 362 examinations and 38 positives in 1924. Malignant tertian parasites were found in 95 cases, benign tertian in five cases, malignant and quartan combined in one case and quartan alone in one case. Blood smears are still the only means of diagnosis, and often give negative results. Possibly methods of culture can be improved so that more positives can be obtained, and experiments in this direction will be made this year.

C. Undulant (Malta) Fever.—One hundred and seventy-seven tests gave 38 positives and weak positive results, as compared with 142 tests and 26 positives in 1924. In other countries the usual infecting organism is *A. melitensis* (due to drinking goat's milk), but in Rhodesia it was found by us to be caused commonly by *A. abortus* (the organism of contagious abortion of cows). Both these organisms are tested for by us, and last year it was found that the probable cause in 23 cases was *abortus*, in eight cases *melitensis* and in the other seven cases either or both might be the cause. Dr. Ross proposes to verify the infecting organisms during the coming year, and has already begun work on this, besides testing certain drugs recommended in the treatment of this disease.

The way in which human beings are infected with *A. abortus* is still uncertain, but as it is most probably due to drinking infected cow's milk, it was thought best to investigate the best means of sterilising milk, cream and butter containing the organisms, so that regulations could be issued on the subject. The following results were obtained by me:—

(1) In salt solution the organism is killed in about one minute by plunging the tube in boiling water.

(2) In milk the organism is killed in about one minute if the tube is plunged in boiling water and shaken during the process. If the tube be not shaken the results are irregular owing to milk not conducting heat perfectly—thus $1\frac{1}{4}$ minutes did not kill, $2\frac{1}{2}$ minutes killed and 5 minutes did not kill all the organisms.

At pasteurisation temperatures (75 degs. C.) it was found that $3\frac{1}{4}$ minutes was sufficient if the milk was shaken; but with larger quantities of milk a longer time would be necessary, say up to half an hour, and it would be necessary to keep the milk stirred or flowing in a shallow stream during the process.

(3) In cream the test had to be done with previously sterilised cream, which was then inoculated and heated. The cream was stiffened by the sterilisation, and so heat was conducted badly and the results were irregular. At boiling temperature 10 minutes sufficed with small quantities, but with larger quantities 10 minutes killed, 30 minutes did not and 90 minutes killed all the organisms. The tests were not continued, as it is obviously simpler to pasteurise the milk and then separate the cream.

(4) In butter it is simpler to pasteurise the milk first, then to heat the butter subsequently (which would make it acid). The effect of adding salt was studied, however, as it has been reported that small quantities of salt kill the organism. It was found that without nourishment (water and salt only) the organism lived over seven days in 1.8 per cent. salt, barely two days in 3.6 per cent. and less than a day in stronger solutions. With nourishment (broth and salt) the results were much the same. In sterilised butter plus salt the organism did not grow at all, because the butter was too acid, and the test will have to be repeated with unsterilised butter, with animal inoculations subse-

quently to prove the survival of the organism. But pasteurisation of milk is probably simpler.

D. Enteric Fever (Typhoid and Paratyphoid).—Ninety-five tests gave 12 positive typhoid and two paratyphoid infections (compared with 17 typhoid and one paratyphoid B in 1924). One case of quite severe typhoid gave practically negative results till quite late in the disease, as is sometimes the case.

Blood culture is the best means of diagnosis early in the disease, as the agglutination test does not become positive till the end of the first week. But it seems difficult to get this important fact realised, and blood cultures are seldom asked for, possibly because enteric fever is not suspected at first.

E. Fevers of Doubtful Causation.—As mentioned in my last year's report, many cases examined for malaria, Malta fever and enteric fever give negative results; some give doubtful results; sometimes healthy people give positive results; sometimes other organisms than those tested for are the infecting cause (for instance, *A. faecalis*, members of the coli-typhoid group, and some cases of septicæmia), and in some cases a positive result is given for two organisms, and it has to be decided which is the infecting one. Research in methods of diagnosis is needed to enable us to give as early and as accurate a diagnosis as possible. For this reason the "Saturation Test" was devised by us, and if it is successful we shall be able to give a more accurate diagnosis. For this purpose a series of 11 rabbits was inoculated early in the year with 11 of the common infecting organisms, but the sera obtained were not sufficiently powerful; and as rabbits were required urgently by Dr. Ross, the work was postponed till more rabbits were available. A beginning was made again in December, and the test will be tried out during this year.

F. Dysentery (Bacillary and Amœbic).—Fifty-four tests for amœbæ gave 13 positive results (compared with nine positives in 1924), and in two of these bacillary infection was present as well probably. Tests for bacillary infection are not asked for frequently enough, and I think this form is a common one in this Colony.

G. Pneumonia and Pneumoccal Infections.—Pneumonia is apparently well under control, no serious outbreak having required investigation. The pneumococcus is found frequently in other respiratory diseases, and so is now commonly included in our vaccines.

H. Influenza.—No large epidemic occurred, though there has been a fair number of cases. The bacillus is found in other respiratory affections, and in that case is included in any vaccine made.

I. Plague.—Five negative tests of human beings and rats were made; one rat was prepared as a specimen to add to the 88 prepared in 1924.

J. Tuberculosis.—One hundred and thirty examinations gave 36 positive results (compared with 17 positives in 1924). We are gradually importing cases, but the absence of overcrowding and healthy conditions of life are against spread of infection amongst Europeans.

K. Leprosy.—A few examinations gave two positive results.

L. Diphtheria.—Eighty tests gave 15 positive results. In five other cases the bacillus was present, but probably only as a secondary invader in an ordinary septic throat. (Infections with Vincent's organisms often closely simulate diphtheria, and these organisms were found three times in throat swabs. There were two cases of bronchial spirochætosis, due possibly to the same organisms.)

M. Venereal Diseases.—

(a) Syphilis.—Ninety-seven examinations (mostly sigma tests) gave 33 positives, as compared with 22 positives in 1924.

(b) Gonorrhœa.—Thirty-nine examinations gave seven positive and two suspicious results.

N. Schistosomiasis (Bilharzia).—Fifty-five tests of urine gave 18 infected with *S. hæmatobium*, compared with 21 in 1924. In a series of 104 natives, whose stools were examined for other infections (hookworm, etc.), *S. mansoni* was

found four times. The disease seems fairly stationary among Europeans, but research is needed, as *S. haematobium* is common among the natives, and it is probable that very few of our rivers are safe to bathe in at all times of the year. If it were possible to prevent natives from contaminating the ground near ponds and streams, most of the infection might disappear, whilst methods for the destruction of snails which are known to carry the disease require to be studied.

O. Ankylostomiasis (Hookworm).—As a severe outbreak had been reported in the Southern Melsetter district, a series of 104 natives at the gaol, native hospital and police camp was examined to see if the disease was at all prevalent elsewhere. Only one case of undoubted infection was found, and as in previous years hardly any cases have been noted, it would appear that the disease is fairly localised at present to the district of Southern Melsetter. Other worm infections are found occasionally. In 118 examinations *S. mansoni* was found four times (as mentioned above), *Ascaris* twice and *Oxyuris* twice.

P. Trypanosomiasis (Sleeping Sickness).—Twenty-eight tests gave two positive results in natives. These two patients came from the Mazoe district, but it is probable that the disease was contracted elsewhere during their travels.

Q. Ringworm.—Fifty-five tests gave 11 cases infected with ringworm of the scalp, and there were a few cases of the more harmless body ringworm.

R. Diabetes.—Two estimations of blood sugar and 26 of sugar in the urine were made in connection with insulin treatment.

S. Pathology.—Two hundred and thirty-six microscopical examinations, 71 examinations of sections and 22 post-mortems were made. Sections showed 19 malignant growths, eight non-malignant tumours, 24 inflammatory conditions, two cases of tubercular infection and one case of syphilis.

T. Water and Milk Supplies.—The Salisbury water supply is examined every month, and of late has been giving very good results. The hospital well, a private well outside and two samples from Bindura were also examined. The examination of milk supplies has begun, and a sample of pasteurised milk was compared with unpasteurised milk.

U. Chemical.—One hundred and thirty-five tests and 32 estimations were made. This is a considerable increase over the previous year (26 tests and 14 estimations).

V. Medico-Legal.—Ninety-nine tests for blood and other stains were made, as compared with 14 in 1924.

III.—STATEMENT OF FEES EARNED.

The fees classed below as “Government” represent work done for patients in hospital, police, paupers and natives. “Private” represents work done for private patients outside hospital. There is a tendency for more and more work to be done gratuitously every year, as the figures show:—

	1924.	1925.
Pasteur Institute—		
Private	£13 8 0	£20 8 0
Government	—	—
Total	£13 8 0	£20 8 0
Public Health Laboratory—		
Private	£379 17 6	£339 10 9
Government	469 13 0	691 15 0
Total	£849 10 6	£1,031 5 9
Combined Totals—		
Private	£393 5 6	£359 18 9
Government	469 13 0	691 15 0
Total	£862 18 6	£1,051 13 9

L. J. JOHN ORPEN,
Government Bacteriologist.

Report of Rhodesian Research Fellow.

Statistics of Cases of Blackwater Fever during 1925.—These have been compiled from reports received on the Blackwater Fever Form 28 A from medical officers in charge of cases. Notification on this form is not compulsory, and there is reason to believe that all cases have not been so reported, and that in consequence the statistical survey is incomplete.

Number of cases	...	...	...	...	...	...	...	...	...	...	...	...	46
Number of deaths	...	...	...	...	...	...	...	...	...	...	...	...	12
Seasonal incidence—													
January	...	...	...	...	...	...	...	...	...	...	...	...	3
February	...	...	...	...	...	...	...	...	...	...	...	...	5
March	...	...	...	...	...	...	...	...	...	...	...	...	1
April	...	...	...	...	...	...	...	...	...	...	...	...	7
May	...	...	...	...	...	...	...	...	...	...	...	...	9
June	...	...	...	...	...	...	...	...	...	...	...	...	7
July	...	...	...	...	...	...	...	...	...	...	...	...	3
August	...	...	...	...	...	...	...	...	...	...	...	...	5
September	...	...	...	...	...	...	...	...	...	...	...	...	1
October	...	...	...	...	...	...	...	...	...	...	...	...	2
November	...	...	...	...	...	...	...	...	...	...	...	...	1
December	...	...	...	...	...	...	...	...	...	...	...	...	2

Incidence and deaths according to sex—												Cases.	Deaths
Males	...	...	...	...	...	...	...	...	...	...	...	36	10
Females...	...	...	...	...	...	...	...	...	...	...	...	10	2

Incidence according to age group—												Cases.	
1 — 9	...	...	...	...	...	...	...	...	...	...	...	5	
10 — 19	...	...	...	...	...	...	...	...	...	...	...	6	
20 — 29	...	...	...	...	...	...	...	...	...	...	...	12	
30 — 39	...	...	...	...	...	...	...	...	...	...	...	10	
40 — 49	...	...	...	...	...	...	...	...	...	...	...	8	
50 — 59	...	...	...	...	...	...	...	...	...	...	...	3	
60 and over	...	...	...	...	...	...	...	...	...	...	...	2	

These statistics are similar to those obtained in former years. The percentage death rate of 21.74 per cent. for 1925 approximates closely to the percentage death rate of 23.53 per cent. for the period 1901-1921.

RESEARCH.

The research work which has been undertaken can be grouped under several headings:—

Examination of Specimens from Patients Suffering from Malaria and Blackwater Fever.—These specimens have either been forwarded to the laboratory by medical officers in charge of cases or taken personally from patients in Salisbury Hospital. From the point of view of the research worker, more satisfactory results are obtained when there is close proximity between hospital and the laboratory, and one would advocate, therefore, the hospital treatment of as many cases as possible.

The examinations have been bacteriological, serological and bio-chemical. Tests of a bacteriological or serological nature have been confirmatory of previous findings in so far that no particular micro-organism or state of susceptibility can be demonstrated in association with the disease. More attention has been paid to bio-chemical re-actions, and facts are now being gathered concerning the nature of these in the disease. This side of the investigation has been considerably hampered by the late arrival of certain essential instruments, but these have now been received.

Experimental Work on Animals.—Efforts have been made to locate the site of hæmolysin formation, having in mind the possible control of such a site and the prevention of such hæmolysin formation. The results obtained justify further work on the subject, and such work is now being carried out.

Treatment.—Recently reports have been made of the successful employment of caffeine-sodium benzoate in blackwater fever. This has led to the trial of this medicament on a large scale in Southern Rhodesia. Supplies of caffeine-sodium benzoate have been forwarded from the laboratory ready for use to all Government medical officers, with full instructions as to method of employment, and with requests for observations on the value of the remedy. So far, only a small number of cases have been so treated, but adequate statistics will shortly be available, whereby the true value of the medicament can be assessed.

General.—Visits have been paid to the districts in which blackwater fever is most prevalent and the local conditions examined. Several visits have also been made to patients suffering from the disease in outside districts at the request of the practitioner in charge of the case. An address has been given to the local branch of the British Medical Association on the bio-chemical aspects of blackwater fever.

Research on Undulant Fever.—A start has been made to a serological study of this disease with a view to establishing the relative parts played by *alcalignes melitensis* and *alcalignes abortus* in the genesis of the disease in this country.

In addition, attention is being directed to the treatment of the disease, and patients are now being treated with some of the new dye compounds which have shown high germicidal powers. The results in some cases have been most promising, and this work is being continued and simplified.

GEO. R. ROSS,
Research Fellow.

Report by Research Entomologist.

Public Health Laboratory and Pasteur Institute,
Salisbury,
Southern Rhodesia,
31st December, 1925.

I have the honour to report progress of work from 7th September, 1925, to the end of the year.

Results of Work.—The following tabulation embodies the main results to date:—

Collections Made.											
								Imagines.	Larvæ and eggs.	Total.	
Salisbury	...	...	...	...	...	...	...	159	42	201	
Bindura	...	...	...	...	...	...	...	19	50	69	
								178	92	270	
Species Obtained.											
								Number of collections.			
								Imagines.	Larvæ.		
								Salis- bury.	Bin- dura.	Salis- bury.	Bin- dura.
Anopheles (Myzomyia)—											
Marshalli	Theo.	...	...	...	...	...	...	20	1	—	1
Pretoriensis	Theo.	...	...	...	...	...	...	—	1	—	10
Rufipes	Coughs	...	...	...	...	...	...	1	1	3	11
Squamosus	Theo.	...	...	...	...	...	...	—	1	2	1
Maculipalpis	Giles	...	...	...	...	...	...	—	—	—	3
Rhodesiensis	Theo.	...	...	...	...	...	...	—	—	—	3
Species not yet determined	...	...	...	...	...	...	...	1	1	—	1
Lutzia	tigripes	Grp.	...	...	...	...	...	29	3	2	2
Tæniorhynchus	(species not yet determined)							4	—	—	—
Uranotænia	alba	Theo.	...	...	...	...	...	—	1	—	—
Aedes	(Ochlerotatus)	quasiumi vittatus	Theo.	...	...	...	...	2	2	—	—
Aedes	(Ochlerotatus)	hirsutus	Theo.	...	...	...	...	—	2	—	2
Aedes	(Stegomyia)	argenteus	Poiret	...	...	...	...	4	—	2	—
Aedes	(Stegomyia)	vittatus	Bigot	...	...	...	...	—	—	—	3
Banksinella	Luteolateralis	Theo.	...	...	...	...	...	—	1	—	1
Culex	duttoni	Theo.	...	...	...	...	...	2	11	5	2
Culex	annulioris	Theo.	...	...	...	...	...	3	—	1	—
Culex	univittatus	Theo.	...	...	...	...	...	20	6	3	—
Culex	ager	Giles	...	...	...	...	...	—	1	—	—
Culex	nebulosus	Theo.	...	...	...	...	...	1	—	—	—
Culex	decens	Theo.	...	...	...	...	...	—	—	4	—
Culex	pipiens	group	...	...	...	...	...	110	7	9	10
Culex	(species not yet determined)							6	2	—	—
								203	41	31	50

Numerous specimens of the identified and unidentified species have been pinned and mounted with the necessary particulars as to time and location of capture, and a number of eggs, larvæ, larval skins and pupa cases preserved for future study. The imagines have been obtained by capture and by hatching out from eggs laid in captivity, and from collected eggs and larvæ, and the latter have been obtained by collection from natural sources and also from traps set in selected sites.

Period of Investigation.—In view of the time occupied in training native collectors and in inaugurating any scheme for securing the assistance of school children and other voluntary collectors, it is considered that anything approaching a general mosquito survey of the territory and the preparation of a useful number of specimens by dissection cannot possibly be accomplished within the period of 12 months to which my engagement extends, and that by far the most important results obtainable within that time will consist of the demonstration of the feasibility of working on certain plans and in laying the foundation for their future prosecution. The field for work is immense; I am already satisfied that its conquest is possible, and I hope to have an opportunity of demonstrating that the conquering has been worth while.

W. E. HAWORTH,
Entomologist.

Annual Report of the Medical Superintendent, Ingutsbeni Mental Hospital.

I have the honour to submit my report for the year ended 31st December, 1925.

On the 1st January there were 204 patients on the register. During the year 53 were admitted, 33 were discharged and 27 died. Two hundred and fifty-seven cases were treated; that is, 43 male Europeans, 179 male natives and 35 female natives. There remained in residence on the 31st December, 1925, 197 patients, i.e., 31 male Europeans, 134 male natives and 32 female natives.

The 53 cases admitted included 2 re-admissions—1 European and 1 native. Of the discharged, 31 were discharged recovered and 2 natives were relieved and handed over to the care of their relatives. Probation was allowed in one case—a male European who was discharged after his period of probation expired. The recovery rate per centum, calculated on the number of patients admitted, was 58.49, as against 31.42 for the previous year. The death rate, calculated on the total number treated, was 10.50, as against 6.55 in 1924.

Seclusion and restraint were employed in the case of seven Europeans and one native for periods ranging from three to sixteen hours. The reason was to prevent injury to patients and staff during periods of severe excitement.

The general health was satisfactory. There was one case of suicide—a male native who escaped from a working party and hanged himself in an out-house. An inquest was held and precautions have been taken to prevent, as far as possible, a similar occurrence in future.

Overcrowding has been a feature for some considerable time, and I am glad to report steady progress is being made with the construction of new female European and native blocks. The latter will be ready for occupation in May next, and the removal of this class from their present quarters will afford much-needed relief to the overcrowded male wards. Although relief will be obtained, it can only be temporary, and further requests for increased accommodation must be anticipated. It cannot be said that the burden of insanity in this Colony is extreme, therefore we should be able to keep this institution up to requirements.

The annual report of the Board of Control for Scotland, issued on 1st January, 1925, shows that roughly 1 in 265 of the population is insane, and the cost per patient for the year £51 15s. 8d. The recovery rate was 33.4, which was 3.4 per cent. above the average for the five years from 1921. *Emigration high
biases ratios ↑*

The estimated population of Rhodesia at the end of June, 1924, was 37,519 Europeans. At the end of the year 1925 there were certified insane 13 European females (in Union hospitals) and 31 European males, or 1 in 800 approximately. This is a gratifying position, and I am also glad to state that only one adult Rhodesian born European has been received since the opening of the hospital. *Young immigrant
country biases
ratios ↓*

There have been several changes in the personnel of the staff, and as reference to the necessity of employing trained men was made in last year's report, I need only repeat that trained men should replace the untrained men at present on the staff. The trained men brought out from England last year are giving satisfaction.

Additional land is required to enable us to break in new land for cultivation in place of the old portion, which is becoming exhausted. We should produce as much as possible to meet the demands of the hospital for products that can be raised on our own land, while at the same time providing useful and congenial occupation for the native patients.

The water supply has been a problem since building operations began owing to the great quantity of water required by the contractor; consequently the amount available for ordinary domestic purposes was barely sufficient, while

the garden—a useful asset—had to stand practically idle until the advent of recent rains. Apart from the need of an adequate supply of water for general purposes, the question of ample supply to safeguard against fire is of supreme importance, and I trust that the scheme submitted to the Public Works will receive favourable consideration.

His Excellency the Governor visited the hospital on the 25th February and was pleased to express appreciation of our work. The Medical Director paid his usual visits of inspection, and the Honourable the Colonial Secretary visited on the 30th July and 29th September. The Director of Public Works inspected the buildings and caused much-needed repairs to be put in hand.

Revenue from paying patients and sales of products, etc., amounted to £1,645 6s. 11d., i.e., maintenance fees £1,309 19s., sales £335 7s. 11d. Supplies from farm and garden amounted in value to £728 3s. 2d. There was outstanding from earnings £341 2s. 7d. on the 31st December, 1925, as against £233 9s. 3d. at the end of 1924.

The total expenditure for the year, including value of garden and farm produce, was £6,571 13s. 1d. This works out at £32 8s. 6d. per patient per annum.

The cost of maintenance, calculating on gross expenditure, is 1s. 9½d., and the cost per patient per diem, excluding produce, is 1s. 6¼d. The net cost to the Government, after deducting revenue from hospital vote of expenditure, was 1s. 1½d.

F. H. ELLIS,

Medical Superintendent.

Habit-Forming Drugs.

No new regulations or amendment of existing regulations were made during the year.

Import certificates issued during the year numbered 29, and export certificates numbered 15.

Permits were issued to import the following habit-forming drugs:—

Cocaine	820 grains
Cocaine hydrochloride	4,184 grains
Codeine	300 grains
Codeine phosphate	960 grains
Extract of opium	1,200 grains
Gum opium powder	5,760 grains
Heroin hydrochloride	960 grains
Morphine	9,065 grains
Morphine acetate	60 grains
Morphine hydrochloride	3,994 grains
Morphine sulphate	2,479 grains
Opium	1,465 grains
Hemp seed	2 cwt.

The export permits issued covered the following:—

Cocaine	20 grains
Cocaine hydrochloride	14 grains
Extract of opium	37 grains
Heroin hydrochloride	15 grains
Liquor morphia hydrochloride	2 lbs.
Liquor opii sedative	10 ozs.
Morphine	140 grains
Morphine sulphate	157 grains
Tincture of opium	2 lbs.

The permits issued by the Veterinary Department under the provisions of Government Notice No. 368 of the 27th June, 1924, numbered 31, and the total quantity of tincture of opium authorised to be purchased under the permits so granted was 315 ounces, as compared with 11 permits authorising the purchase of 132 ounces of tincture of opium for the previous year.

Permits were similarly granted covering the supply of 24 ounces of compound tincture of camphor.

Prosecutions under the provisions of the Habit-Forming Drugs Proclamation during the year numbered four, with the following results:—

- (1) A Chinaman was fined £5 for being in unlawful possession of opium.
- (2) A medical practitioner was fined £10 for contravening section 2 (1) (c) and fined £5 for contravening section 5 (3) of the Habit-Forming Drugs Proclamation, 1923.

This case was reported to the General Medical Council of the United Kingdom, who, taking all the circumstances into consideration, did not think it was necessary to summon the medical man concerned to appear before the Council in answer to the charge, but the Council wrote to the practitioner informing him that the Council took a grave view of convictions of this kind.

- (3) A European was fined £5 for being in the unlawful possession of hypodermic tablets of morphine sulphate.
- (4) A second European was fined £5 for being in the unlawful possession of hypodermic tablets of morphine sulphate.

In both of these cases the habit-forming drug had been stolen from supplies which were at the time under Government control, and the drugs were recovered shortly after and in their original quantity.

PART III.

ESTABLISHMENT.

The establishment as authorised during the year 1925 was as follows:—Chief Health Officer, Medical Inspector of Schools, Bacteriologist, 2 Senior Government Medical Officers (whole time), Schools Dental Surgeon, 3 Senior Government Medical Officers (Grade I.), 4 Government Medical Officers (Grade II.), 15 Government Medical Officers (Grade III.), 4 Aided Medical Officers, chief clerk, senior clerk, clerk (Grade II.), 3 clerks (Grade III.), 6 lady clerks, 2 inspectors of compounds, 1 radiographer, 2 laboratory assistants, 9 hospital secretaries and dispensers, senior matron, 7 hospital matrons, 2 assistant matrons, 13 nurse-matrons and sisters, 31 qualified nurses, 45 probationers, 2 male European orderlies, 9 asylum keepers and overseers, female attendant, Mental Hospital, masseuse, 2 interpreters, 2 messengers, 2 mosquito collectors.

Supplementary Auxiliary Staff.—Two part-time hospital secretaries, 2 needlewomen, 1 European female cook, 1 part-time radiographer.

The miscellaneous coloured and native staffs attached to the various institutions are as follows:—Four Indian cooks, 4 Indian laundrymen, 3 ward maids, 235 natives.

Total European staff	182
Total coloured staff	246
	<hr/>
	428

The increase in the number of nursing staff and coloured staff is due to the Memorial Hospital at Bulawayo having been taken over by the Government during the year.

TABLE 1.
EUROPEAN BIRTHS, 1925.

District.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Salisbury ...	24	31	28	19	25	20	15	23	16	20	18	15	254
Bulawayo ...	31	17	18	25	14	25	28	26	18	16	22	14	254
Umtali ...	8	5	10	5	11	10	11	9	6	4	4	12	95
Gwelo ...	3	2	3	6	3	7	6	5	11	2	7	5	60
Fort Victoria	1	2	1	1	2	2	1	2	2	6	1	4	25
Gatooma ...	5	4	1	7	4	5	4	3	5	6	8	3	55
Gwanda ...	...	...	...	1	...	3	1	...	2	...	...	1	8
Selukwe ...	1	...	2	4	1	3	1	2	1	2	1	1	19
Charter ...	1	1	1	6	1	...	2	1	3	1	2	6	25
Melsetter ...	1	1	1	1	2	1	4	1	...	2	1	...	15
Umvuma ...	5	...	3	3	...	4	6	2	6	2	6	...	37
Hartley ...	1	1	1	1	...	...	...	...	...	2	...	1	7
Que Que ...	4	1	2	1	3	3	2	3	2	1	2	1	25
Totals ...	85	65	71	80	66	83	81	77	72	64	72	63	879

TABLE 2.
EUROPEAN DEATHS, 1925.

Age periods.				Males.	Females.	Totals.
0—1	...	...	...	29	39	68
1—5	...	...	...	14	11	25
5—15	...	...	...	11	6	17
15—25	...	...	...	15	5	20
25—35	...	...	...	15	10	25
35—45	...	...	...	29	15	44
45—55	...	...	...	49	19	68
55—65	...	...	...	38	7	45
65—75	...	...	...	20	10	30
75—85 and over	...	...	...	14	6	20
Age unknown	...	...	...	5	...	5
All ages	...	...	...	239	128	367

TABLE 3.
EUROPEAN DEATHS, 1925.

District.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Salisbury ...	9	9	18	14	12	9	12	16	12	10	9	6	136
Bulawayo ...	5	10	7	5	11	8	18	7	10	7	10	5	103
Umtali ...	4	1	4	2	...	5	1	1	4	...	...	2	24
Gwelo ...	...	1	3	...	...	1	4	1	2	4	...	4	20
Fort Victoria	1	1	1	...	1	2	...	...	...	1	1	...	8
Gatooma ...	2	3	3	3	6	2	5	...	3	1	1	...	29
Gwanda ...	...	1	...	...	...	...	...	1	...	...	...	2	4
Selukwe ...	...	...	...	...	1	...	...	1	...	2	...	...	4
Charter ...	3	1	...	2	...	2	1	...	...	1	2	1	13
Melsetter ...	...	...	...	...	...	...	1	...	...	...	2	2	5
Umvuma ...	1	...	1	2	...	...	...	1	...	...	1	1	7
Hartley ...	...	1	...	...	1	2	...	...	...	...	...	...	4
Que Que ...	1	2	1	...	1	1	2	...	2	...	...	...	10
Totals ...	26	30	38	28	33	32	44	28	33	26	26	23	367

TABLE 4.
EUROPEAN BIRTHS AND DEATHS, 1925.

Month.	Births.	Deaths.	Ages of dying.										
			0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85 and over	Age un- known
January ...	85	26	5	1	1	2	1	4	5	3	2	2	...
February	65	30	10	2	2	2	...	3	6	1	2	1	1
March ...	71	38	4	7	3	3	4	5	5	2	2	1	2
April ...	80	28	10	1	...	1	1	4	3	3	5	...	...
May ...	66	33	9	1	1	1	3	4	3	6	2	3	...
June ...	83	32	3	...	4	4	4	3	7	2	4	...	1
July ...	81	44	2	3	1	2	3	4	11	9	5	4	...
August ...	77	28	4	2	...	...	2	4	6	6	2	1	1
September	72	33	5	2	1	2	2	3	8	4	3	3	...
October ...	64	26	7	4	1	2	2	1	3	3	2	1	...
November	72	26	5	...	2	...	2	5	4	3	1	4	...
December	63	23	4	2	1	1	1	4	7	3	...	...	...
Totals ...	879*	367	68	25	17	20	25	44	68	45	30	20	5
Per cent. of total	...	...	18.53	6.81	4.63	5.45	6.81	11.99	18.53	12.26	8.17	5.45	1.36

25.34 per cent. of total European deaths.

* Illegitimate births 1.93 per cent. of total births.

TABLE 5.

TABLE SHOWING EUROPEAN ADMISSIONS TO
HOSPITALS DURING 1925.

Name of hospital	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Salisbury ...	107	92	111	119	145	112	88	86	112	106	100	95	1,273
Bulawayo ...	81	65	74	103	87	66	82	79	75	90	86	82	970
Umtali ...	38	46	60	58	42	35	31	15	24	28	18	20	415
Gwelo ...	14	18	15	14	18	16	13	7	18	20	15	23	191
Fort Victoria	8	5	5	10	10	7	11	4	4	8	13	8	93
Gatooma ...	19	13	27	33	45	39	21	14	26	27	22	16	302
Enkeldoorn	1	2	1	...	1	...	4	1	5	4	7	6	32
Gwanda ...	1	2	4	3	3	4	5	1	5	6	3	2	39
Sinoia ...	3	4	9	10	15	8	7	5	6	7	4	5	83
Shamva ...	11	10	12	10	16	9	5	9	6	8	8	8	112
Belingwe ...	1	...	1	...	...	...	2	3	3	1	2	1	14
Totals ...	284	257	319	360	382	296	269	224	284	305	278	266	3,524

TABLE 6.

TABLE SHOWING NATIVE ADMISSIONS TO
HOSPITALS DURING 1925.

Name of hospital	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Salisbury ...	89	78	74	108	84	91	72	107	111	84	88	90	1,076
Bulawayo ...	102	96	103	82	101	72	95	85	102	73	81	83	1,075
Umtali ...	24	26	39	37	29	40	45	55	39	43	45	36	458
Gwelo ...	39	37	28	42	38	53	55	66	45	37	37	29	506
Fort Victoria	5	3	15	11	8	7	2	11	13	3	12	7	97
Gatooma ...	28	23	38	34	33	46	43	43	50	48	40	52	478
Enkeldoorn	1	3	6	4	3	...	5	...	3	11	13	9	58
Gwanda ...	13	10	12	19	14	11	19	27	18	19	32	20	214
Sinoia ...	9	6	10	6	7	11	8	7	12	13	7	9	105
Shamva ...	12	17	16	16	7	12	10	26	17	21	9	15	178
Belingwe ...	3	3	1	4	6	5	4	5	6	8	6	5	56
Totals ...	325	302	342	363	330	348	358	432	416	360	370	355	4,301

TABLE 7.

Table showing monthly admissions to hospitals during 1925 from malaria, blackwater fever, dysentery, pneumonia, typhoid fever and scurvy.

EUROPÉANS.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept	Oct.	Nov.	Dec	Totals
Malaria ...	67	72	120	151	144	61	40	17	14	23	28	28	765
Blackwater fever	2	4	6	11	7	7	8	2	...	2	...	2	51
Dysentery ...	2	2	1	3	3	2	...	2	5	15	4	1	40
Pneumonia...	3	4	2	7	3	4	6	10	7	10	3	5	64
Typhoid ...	5	1	1	...	3	1	1	...	2	3	3	4	24
Scurvy ...	...	...	...	...	...	...	..	...	...	...	...	...	...

NATIVES.

Malaria ...	37	41	60	89	58	46	49	40	24	21	30	24	519
Blackwater fever	1	...	1	3	1	...	...	...	...	...	1	...	7
Dysentery ...	8	4	1	...	4	...	2	4	4	5	3	2	37
Pneumonia...	21	24	15	27	14	32	43	44	62	40	34	23	379
Typhoid ...	1	1	2	...	...	1	...	...	1	1	2	...	9
Scurvy ...	5	7	...	3	...	1	3	2	2	3	3	10	39

TABLE 8.

Cases, with mortality rate per cent., admitted to hospitals during 1925, as compared with 1924.

Name of hospital			1924			1925		
			Cases	Deaths	Mortality rate per cent.	Cases	Deaths	Mortality rate per cent.
Salisbury	...	White	1,093	49	4.48	1,273	49	3.85
		Native	1,029	139	13.51	1,076	128	11.90
Umtali	...	White	308	9	2.92	415	11	2.65
		Native	285	11	3.86	458	26	5.68
Gwelo	...	White	167	10	6.00	191	15	7.85
		Native	565	62	10.97	506	40	7.91
Fort Victoria	...	White	104	5	4.81	93	3	3.23
		Native	109	11	10.09	97	3	3.09
Gwanda	...	White	42	1	2.38	39	1	2.56
		Native	156	22	14.10	214	10	4.67
Enkeldoorn	...	White	13	...	...	32	...	...
		Native	39	1	2.56	58	2	3.45
Gatooma	...	White	222	7	3.15	302	15	4.97
		Native	472	79	16.74	478	70	14.64
Bulawayo	...	White	731	24	3.28	970	40	4.12
		Native	1,003	85	8.47	1,075	87	8.09
Shamva	...	White	80	2	2.50	112	4	3.57
		Native	176	34	19.32	178	20	11.24
Sinoia	...	White	67	2	3.00	83	3	3.62
		Native	103	15	14.56	105	16	15.24
Belingwe	...	White	6	...	...	14	2	14.29
		Native	54	3	5.56	56	6	10.71
Totals	...	White	2,833	109	3.85	3,524	143	4.06
		Native	3,991	462	11.58	4,301	408	9.49

TABLE 9.

Cases, with mortality rate per cent., of malarial fever admitted to hospitals in 1925, as compared with 1924.

Name of hospital.		1924			1925.		
		Cases.	Deaths	Mortality rate per cent.	Cases.	Deaths.	Mortality rate per cent.
Salisbury	White	113	4	3.54	182	...	...
	Native	104	2	1.92	124	3	2.42
Umtali	White	110	...	...	178	1	0.56
	Native	29	1	3.45	114	1	0.87
Gwelo	White	17	...	...	41	...	...
	Native	44	...	...	93	1	1.08
Fort Victoria	White	26	1	3.85	31	...	...
	Native	10	...	...	11	...	...
Gwanda	White	4	...	...	4	...	...
	Native	7	...	...	9	...	...
Enkeldoorn	White	...	...	...	15	...	...
	Native	1	...	...	16	...	...
Gatooma	White	44	1	2.27	107	...	...
	Native	11	...	...	22	...	...
Bulawayo	White	54	...	...	115	1	0.86
	Native	59	1	1.69	100	2	2.00
Shamva	White	32	1	3.12	54	...	...
	Native	17	1	5.88	12	2	16.67
Sinoia	White	11	...	...	36	...	...
	Native	11	...	...	14	2	14.29
Belingwe	White	2	...	...	2	...	...
	Native	7	...	...	4	...	...
Totals	White	413	7	1.69	765	1	0.13
	Native	300	5	1.67	519	11	2.12

TABLE 10.

Cases, with mortality rate per cent., of hæmoglobinuric fever (blackwater) admitted to hospitals in 1925, as compared with 1924.

Name of hospital.		1924.			1925.		
		Cases.	Deaths.	Mortality rate per cent.	Cases.	Deaths.	Mortality rate per cent.
Salisbury	White	3	...	...	8	1	12.40
	Native	2	1	50.00	4	...	...
Umtali	White	4	...	...	13	2	15.38
	Native	...	...	...	3	...	...
Gwelo	White	...	...	...	2	1	50.00
	Native	...	...	...	...	...	...
Fort Victoria	White	2	1	50.00	1	1	100.00
	Native	...	...	...	...	...	...
Gwanda	White	...	...	...	1	1	100.00
	Native	...	...	...	...	...	...
Enkeldoorn	White	...	...	...	...	...	...
	Native	...	...	...	...	...	...
Gatooma	White	2	...	...	14	4	28.57
	Native	...	...	...	...	...	...
Bulawayo	White	5	...	...	4	1	25.00
	Native	...	...	...	...	...	...
Shamva	White	3	...	...	7	2	28.57
	Native	...	...	...	...	...	...
Sinoia	White	1	...	...	1	...	...
	Native	1	1	100.00	...	...	...
Belingwe	White	...	...	...	...	...	...
	Native	...	...	...	...	...	...
Totals	White	20	1	5.00	51	13	25.49
	Native	3	2	66.67	7	...	...

TABLE 11.

Cases, with mortality rate per cent., of pneumonia admitted to hospitals during 1925, as compared with 1924.

Name of hospital.			1924.			1925.		
			Cases.	Deaths.	Mortality rate per cent.	Cases.	Deaths.	Mortality rate per cent.
Salisbury	...	White	16	4	25.00	13	2	15.30
		Native	141	45	28.37	120	23	19.20
Umtali	...	White	11	3	27.27	8	2	25.00
		Native	7	1	14.29	46	7	15.21
Gwelo	...	White	10	1	10.00	4	3	75.00
		Native	63	17	27.00	37	11	29.73
Fort Victoria	...	White	1	...	...	3	1	33.33
		Native	4	2	50.00	1	...	...
Gwanda	...	White	...	...	...	...	...	...
		Native	14	7	50.00	18	...	...
Enkeldoorn	...	White	...	...	...	...	...	...
		Native	1	...	...	2	...	...
Gatooma	...	White	13	1	7.54	9	4	44.40
		Native	74	24	32.43	48	21	43.75
Bulawayo	...	White	6	3	50.00	22	2	9.09
		Native	39	10	25.64	92	32	34.78
Shamva	...	White	2	...	...	1	1	100.00
		Native	18	8	44.44	6	1	16.67
Sinoia	...	White	2	...	...	3	1	33.33
		Native	12	3	25.00	5	3	60.00
Belingwe	...	White	1	...	...	...	...	...
		Native	8	...	...	4	1	25.00
Totals	...	White	62	12	19.35	64	16	25.00
		Native	381	117	30.71	379	99	26.12

TABLE 12.

Cases, with mortality rate per cent., of dysentery admitted to hospitals in 1925, as compared with 1924.

Name of hospital.			1924.			1925.		
			Cases.	Deaths.	Mortality rate per cent.	Cases.	Deaths.	Mortality rate per cent.
Salisbury	...	White	21	...	...	11	...	...
		Native	10	2	20.00	11	4	36.30
Umtali	...	White	1	...	...	11	...	...
		Native	2	...	...	1	...	...
Gwelo	...	White	...	...	...	6	1	16.66
		Native	4	1	25.00	2	2	100.00
Fort Victoria	...	White	3	...	...	1	...	...
		Native	...	...	...	...	...	...
Gwanda	...	White	3	...	...	1	...	...
		Native	4	...	...	...	...	...
Enkeldoorn	...	White	...	...	...	2	...	...
		Native	...	...	...	...	...	...
Gatooma	...	White	1	...	...	1	...	...
		Native	1	...	...	3	...	...
Bulawayo	...	White	2	...	...	6	1	16.66
		Native	...	...	...	8	2	25.00
Shamva	...	White	2	...	...	...	...	...
		Native	16	3	18.75	5	1	20.00
Sinoia	...	White	2	...	...	...	...	...
		Native	4	1	25.00	...	...	...
Belingwe	...	White	...	...	...	1	1	100.00
		Native	4	...	...	7	...	...
Total-	...	White	35	...	...	40	3	7.50
		Native	45	7	15.56	37	9	24.32

TABLE 13.

Cases, with mortality rate per cent., of typhoid fever admitted to hospitals in 1925, as compared with 1924.

Name of hospital		1924			1925		
		Cases	Deaths	Mortality rate per cent.	Cases	Deaths	Mortality rate per cent.
Salisbury	...	White	7	1	14.29	4	...
		Native	3	...	2	1	50.00
Untali	...	White	1	...	3	...	...
		Native	...	...	...	...	...
Gwelo	...	White	9	1	11.11	2	...
		Native	4	1	25.00	4	75.00
Fort Victoria	..	White	2	...	1	...	...
		Native	...	...	...	...	...
Gwanda	...	White	...	...	...	...	...
		Native	...	...	1	1	100.00
Enkeldoorn	...	White	1	...	1	...	...
		Native	...	...	...	...	...
Gatooma	...	White	3	2	66.67	3	...
		Native	..	...	...	...	...
Bulawayo	...	White	18	2	11.11	10	...
		Native	1	...	2	1	50.00
Shamva	...	White	1	...	...	...	...
		Native	...	...	...	...	...
Sinoia	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Belingwe	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Totals	...	White	42	6	14.20	24	...
		Native	8	1	12.50	9	66.67

TABLE 14.

Cases, with mortality rate per cent., of scurvy admitted to hospitals in 1925, as compared with 1924.

Name of hospital		1924			1925		
		Cases	Deaths	Mortality rate per cent.	Cases	Deaths	Mortality rate per cent.
Salisbury	...	White	...	...	...	...	...
		Native	14	1	7.14	1	100.00
Untali	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Gwelo	...	White	...	...	...	...	...
		Native	7	3	42.86	10	50.00
Fort Victoria	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Gwanda	...	White	...	...	...	...	...
		Native	17	1	5.88	4	25.00
Enkeldoorn	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Gatooma	...	White	...	...	...	...	...
		Native	20	...	8	1	12.50
Bulawayo	...	White	...	...	...	...	...
		Native	57	5	8.70	13	...
Shamva	...	White	...	...	...	...	...
		Native	...	...	...	...	...
Sinoia	...	White	...	...	...	...	...
		Native	...	...	2	...	...
Belingwe	...	White	...	...	...	...	...
		Native	1	...	1	...	...
Totals	...	White	...	...	...	...	...
		Native	116	10	8.62	39	20.51

TABLE 15.

RETURN OF DEATHS REGISTERED DURING THE YEAR 1925.

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Name of disease.	EUROPEANS														NATIVES						Grand totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	0-1		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75-85				Age unknown		Totals		Under 5 years		Over 5 years		Totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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I. GENERAL DISEASES.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
1. Typhoid fever

Name of disease.	EUROPEANS																NATIVES				Grand totals																	
	0-1		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75-85		Age unknown		Totals		Under 5 years		Over 5 years		Totals		M	F	Grand totals					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				M	F			
Brought forward	12	20	9	11	4	6	7	2	10	5	20	8	34	15	33	5	15	8	5	3	1	...	150	83	26	17	309	14	335	31	485	114						
103. Other diseases of the stomach (cancer excepted)				
104. Diarrhoea and enteritis (under 2 years)	...	5	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
105. Diarrhoea and enteritis (2 years and over)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108. Appendicitis and typhilitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
109. Hernia, intestinal obstructions	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
110. Diseases of the intestines			
111. Acute yellow atrophy of the liver			
113. Cirrhosis of the liver			
115. Other diseases of the liver			
116. Diseases of the spleen	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
117. Simple peritonitis (non-puerperal)			
VI. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.																																						
119. Acute nephritis		
120. Bright's disease		
122. Other diseases of the kidneys and annexa		
123. Calculi of the urinary passage		
124. Diseases of the bladder		
125. Diseases of the urethra, urinary abscess, etc.		
126. Diseases of the prostate		
132. Salpingitis and other diseases of the female genital organs		
VII. THE PUERPERAL STATE.																																						
134. Accidents of pregnancy		
135. Puerperal hæmorrhage		
136. Other accidents of labour		
138. Puerperal albuminuria and convulsions		
140. Following childbirth (not otherwise defined)		
VIII. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.																																						
142. Gangrene		
144. Acute abscess																							

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Name of disease.	EUROPEANS														NATIVES					Grand totals												
	0—1		1—5		5—15		15—25		25—35		35—45		45—55		55—65		65—75		75—85		Age unknown		Totals		Under 5 years		Over 5 years		Totals			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M		F	M	F	M	F	M	F	M	F	M	F	
Brought forward	15	25	11	11	6	6	8	4	12	9	23	13	40	16	35	5	19	8	7	4	1	...	177	101	27	19	356	22	383	41	560	142
IX. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.																																
146. Diseases of the bones (tuberculosis excepted)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2	...
148. Amputations	1	...
X. MALFORMATIONS.																																
150. Congenital malformations (still-births not included)	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
XI. DISEASES OF EARLY INFANCY.																																
151. Congenital debility, icterus and sclerema	10	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	11	7	2	...	...	7	2	17	13
152. Other diseases peculiar to early infancy	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...
XII. OLD AGE.																																
154. Senility	2	4	1	...	...	4	3	...	...	1	1	1	1	5	4
XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.																																
155. Suicide by poison	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	4	...
157. Suicide by hanging or strangulation	1	...
159. Suicide by firearms	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3	...
165. Other acute poisonings	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...
166. Conflagration	1	...	...	...	...	...	...	4	4
167. Burns (conflagration excepted)	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
168. Absorption of deleterious gases (conflagration excepted)	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	...	...	2	1	...
169. Accidental drowning	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	5	...
170. Traumatism by firearms	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	...
172. Traumatism by fall	1	...	...	...	...	...	...	...	1	...
173. Traumatism in mines and quarries	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	9	...
175. Traumatism by other crushing (vehicles, railways, landslides)	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...
177. Starvation
180. Lightning	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
185. Fractures (cause not specified)	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	15	...
186. Other external violence	1	...	...	...	...	...	1	...	...	...	1	2	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	6	2
186a. Execution	8	...
XIV. ILL-DEFINED DISEASES.																																
187. Ill-defined organic disease	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
188. Sudden death	3	...	...	...	...	...	...	...	3	2
189. Cause of death not specified or ill-defined	2	...	1	...	...	...	1	1	...	...	1	...	2	1	...	2	1	...	...	...	...	10	5	...	...	1	12	...	13	1	23	6
Totals	29	39	14	11	15	6	15	5	15	10	29	15	49	19	38	7	20	10	14	6	5	...	239	128	37	22	405	28	442	50	681	178

TABLE 16.

CLASSIFICATION OF DEATHS (EUROPEAN), 1925.

Deaths classified according to the international classification of causes of sickness and death.

I.—GENERAL DISEASES.

I.—GENERAL DISEASES.									
Classi- cation No.	Disease.								No. of Deaths.
1	Typhoid fever								2
4	Malaria								21
4a	Blackwater fever								26
6	Measles								1
8	Whooping cough								2
9	Diphtheria and croup								3
10	Influenza								14
14	Dysentery								3
20	Purulent infection and septicæmia								3
24	Tetanus								1
28	Tuberculosis of the lungs								10
29	Acute miliary tuberculosis								2
31	Abdominal tuberculosis								1
35	Disseminated tuberculosis								1
39	Cancer and other malignant tumours of the buccal cavity								4
40	Cancer and other malignant tumours of the stomach, liver								8
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								2
43	Cancer and other malignant tumours of the breast								4
44	Cancer and other malignant tumours of the skin								1
45	Cancer and other malignant tumours of other organs and of organs not specified								4
47	Acute articular rheumatism								1
50	Diabetes								3
51	Exophthalmic goitre								1
53	Leuchæmia								1
54	Anæmia, chlorosis								1
56	Alcoholism								2

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.

60	Encephalitis	...	...	...	...	...	...	...	4
61	Simple meningitis	...	...	...	...	...	...	...	1
64	Cerebral hæmorrhage: apoplexy	...	...	...	...	...	...	...	7
66	Paralysis without specified cause	...	...	...	...	...	...	...	4
68	Other forms of mental alienation	...	...	...	...	...	...	...	3
69	Epilepsy	...	...	...	...	...	...	...	3
71	Convulsions of infants	...	...	...	...	...	...	...	6
72	Chorea	...	...	...	...	...	...	...	1
74	Other diseases of the nervous system	...	...	...	...	...	...	...	2

III.—DISEASES OF THE CIRCULATORY SYSTEM.

77	Pericarditis	...	...	...	...	...	...	1
78	Acute endocarditis	...	...	...	...	...	...	3
79	Organic diseases of the heart	...	...	...	...	...	...	13
80	Angina pectoris	...	...	...	...	...	...	3
81	Diseases of the arteries, atheroma, aneurism, etc.	...	...	...	...	...	...	5
82	Embolism and thrombosis	...	...	...	...	...	...	1

IV.—DISEASES OF THE RESPIRATORY SYSTEM.

89	Acute bronchitis	...	...	...	...	...	...	...	8
90	Chronic bronchitis	...	...	...	...	...	...	...	3
91	Broncho-pneumonia	...	...	...	...	...	...	...	7
92	Pneumonia	...	...	...	...	...	...	...	27
93	Pleurisy	...	...	...	...	...	...	...	1
94	Pulmonary congestion:	pulmonary apoplexy	...	...	...	...	...	...	1
96	Asthma	...	...	...	...	...	...	...	1
98	Other diseases of the respiratory system (tuberculosis excepted)	2
98a	Miner's phthisis	1

Carried forward	230
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V.—DISEASES OF THE DIGESTIVE SYSTEM.

Classifi- cation No.	Disease.	No. of Deaths.
	Brought forward	230
99	Diseases of the mouth and annexa	1
102	Ulcer of the stomach	2
103	Other diseases of the stomach (cancer excepted)	2
104	Diarrhœa and enteritis (under 2 years)	7
105	Diarrhœa and enteritis (2 years and over)	1
108	Appendicitis and typhilitis	2
109	Hernia, intestinal obstructions	3
110	Diseases of the intestines	2
113	Cirrhosis of the liver	4
115	Other diseases of the liver	3
117	Simple peritonitis (non-puerperal)	1

VI.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ANNEXA.

119	Acute nephritis	2
120	Bright's disease	2
123	Calculi of the urinary passage	1
124	Diseases of the bladder	1
125	Diseases of the urethra, urinary abscess, etc.	1
126	Diseases of the prostate	2
132	Salpingitis and other diseases of the female genital organs	2

VII.—THE PUERPERAL STATE.

134	Accidents of pregnancy	1
135	Puerperal hæmorrhage	2
136	Other accidents of labour	1
138	Puerperal albuminuria and convulsions	1
140	Following childbirth (not otherwise defined)	1

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

142	Gangrene	1
144	Acute abscess	2

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

146	Diseases of the bones (tuberculosis excepted)	1
-----	--	---

X.—MALFORMATIONS.

150	Congenital malformations (still-births not included)	1
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XI.—DISEASES OF EARLY INFANCY.

151	Congenital debility, icterus and sclerema	21
152	Other diseases peculiar to early infancy	2

XII.—OLD AGE.

154	Senility	7
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XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.

155	Suicide by poison	4
159	Suicide by firearms	3
165	Other acute poisonings	1
167	Burns (conflagration excepted)	2
168	Absorption of deleterious gases (conflagration excepted)	3
169	Accidental drowning	5
170	Traumatism by firearms	2
172	Traumatism by fall	1
173	Traumatism in mines and quarries	3
175	Traumatism by other crushing (vehicles, railways, landslides)	1
180	Lightning	2
185	Fractures (cause not specified)	2
186	Other external violence	8

XIV.—ILL-DEFINED DISEASES.

187	Ill-defined organic diseases	1
188	Sudden death	4
189	Causes of death not specified or ill-defined	15

Total 367

TABLE 17.

CLASSIFICATION OF DEATHS (NATIVE AND COLOURED), 1925.

Deaths classified according to the international classification of causes of sickness and death.

I.—GENERAL DISEASES.

Classifi- cation No.	Disease.								No. of Deaths.
1	Typhoid fever	...	...	...	...	...	...	...	5
3	Relapsing fever	...	...	...	...	...	...	...	2
4	Malaria	...	...	...	...	...	...	...	13
4a	Blackwater fever	...	...	...	...	...	...	...	1
6	Measles	...	...	...	...	...	...	...	3
8	Whooping cough	...	...	...	...	...	...	...	1
10	Influenza	...	...	...	...	...	...	...	23
14	Dysentery	...	...	...	...	...	...	...	9
20	Purulent infection and septicæmia	...	...	...	...	...	...	...	8
24	Tetanus	...	...	...	...	...	...	...	4
28	Tuberculosis of the lungs	...	...	...	...	...	...	...	56
31	Abdominal tuberculosis	...	...	...	...	...	...	...	7
34	Tuberculosis of other organs	...	...	...	...	...	...	...	1
35	Disseminated tuberculosis	...	...	...	...	...	...	...	1
37	Syphilis	...	...	...	...	...	...	...	4
39	Cancer and other malignant tumours of the buccal cavity	...	...	...	...	...	...	...	2
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...	...	4
44	Cancer and other malignant tumours of other organs and of organs not specified	...	...	...	...	...	...	...	1
49	Scurvy	...	...	...	...	...	...	...	10
53	Leuchæmia	...	...	...	...	...	...	...	1
55	Other general diseases	...	...	...	...	...	...	...	1
55a	Trypanosomiasis	...	...	...	...	...	...	...	1

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.

60	Encephalitis	...	...	...	...	...	...	...	3
61	Simple meningitis	...	...	...	...	...	...	...	20
61c	Cerebro-spinal fever	...	...	...	...	...	...	...	3
64	Cerebral hæmorrhage: apoplexy	...	...	...	...	...	...	...	7
66	Paralysis without specified cause	...	...	...	...	...	...	...	1
68	Other forms of mental alienation	...	...	...	...	...	...	...	22
69	Epilepsy	...	...	...	...	...	...	...	5
71	Convulsions of infants	...	...	...	...	...	...	...	3

III.—DISEASES OF THE CIRCULATORY SYSTEM.

77	Pericarditis	...	...	...	...	...	...	...	2
79	Organic diseases of the heart	...	...	...	...	...	...	...	10
81	Diseases of the arteries, atheroma, aneurism, etc.	...	...	...	...	...	...	...	1
82	Embolism and thrombosis	...	...	...	...	...	...	...	1
85	Hæmorrhage: other diseases of the circulatory system	...	...	...	...	...	...	...	3

IV.—DISEASES OF THE RESPIRATORY SYSTEM.

89	Acute bronchitis	...	...	...	...	...	...	...	5
91	Broncho-pneumonia	...	...	...	...	...	...	...	5
92	Pneumonia	...	...	...	...	...	...	...	108
93	Pleurisy	...	...	...	...	...	...	...	1
94	Pulmonary congestion: pulmonary apoplexy	...	...	...	...	...	...	...	1
95	Gangrene of the lung	...	...	...	...	...	...	...	1
96	Asthma	...	...	...	...	...	...	...	3
98	Other diseases of the respiratory system (tuberculosis excepted)	...	...	...	...	...	...	...	2

V.—DISEASES OF THE DIGESTIVE SYSTEM.

102	Ulcer of the stomach	...	...	...	...	...	...	...	1
104	Diarrhœa and enteritis (under 2 years)	...	...	...	...	...	...	...	2
105	Diarrhœa and enteritis (2 years and over)	...	...	...	...	...	...	...	1
108	Appendicitis and typhilitis	...	...	...	...	...	...	...	1
109	Hernia, intestinal obstructions	...	...	...	...	...	...	...	8
111	Acute yellow atrophy of the liver	...	...	...	...	...	...	...	1
113	Cirrhosis of the liver	...	...	...	...	...	...	...	13
115	Other diseases of the liver	...	...	...	...	...	...	...	3
116	Diseases of the spleen	...	...	...	...	...	...	...	9
117	Simple peritonitis (non-puerperal)	...	...	...	...	...	...	...	6

Carried forward ... 410

VI.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ANNEXA.

Classifi- cation No.	Disease.	No. of Deaths.
	Brought forward	410
119	Acute nephritis	2
120	Bright's disease	2
122	Other diseases of the kidneys and annexa	1
125	Diseases of the urethra, urinary abscess, etc.	1

VII.—THE PUERPERAL STATE.

134	Accidents of pregnancy	1
136	Other accidents of labour	1
140	Following childbirth (not otherwise defined)	1

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

142	Gangrene	3
145	Other diseases of the skin and annexa	2

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

146	Diseases of the bones (tuberculosis excepted)	1
148	Amputations	1

XI.—DISEASES OF EARLY INFANCY.

151	Congenital debility, icterus and sclerema	9
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XII.—OLD AGE.

154	Senility	2
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XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.

157	Suicide by hanging or strangulation	1
165	Other acute poisonings	1
166	Conflagration	8
170	Traumatism by firearms	1
173	Traumatism in mines and quarries	6
175	Traumatism by other crushing (vehicles, railways, landslides)	1
177	Starvation	1
185	Fractures (cause not specified)	13
186a	Execution	8

XIV.—ILL-DEFINED DISEASES.

188	Sudden death	1
189	Cause of death not specified or ill-defined	14
Total		492

Included in the foregoing are the following Indian and coloured deaths, classified as follows:—

Classifi- cation No.	Disease.	No. of Deaths. Indian. Coloured.
4	Malaria	2 1
4a	Blackwater fever	1 —
6	Measles	3 —
8	Whooping cough	1 —
20	Purulent infection and septicaemia	— 1
28	Tuberculosis of the lungs	2 —
61	Simple meningitis	— 1
71	Convulsions of infants	2 —
79	Organic diseases of the heart	— 1
81	Diseases of the arteries, atheroma, aneurism, etc.	1 —
91	Broncho-pneumonia	1 2
92	Pneumonia	2 5
96	Asthma	— 2
113	Cirrhosis of the liver	1 —
115	Other diseases of the liver	1 —
151	Congenital debility, icterus and sclerema	2 3
188	Sudden death	1 —
189	Cause of death not specified or ill-defined	— 1
Total		20 17

TABLE 18.

Return of diseases and deaths (in-patients) in all Government hospitals for the year 1925.

EUROPEANS.

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
INFECTIVE DISEASES.					
Diphtheria ... ..	...	6	1	6	...
Dysentery—Amœbic	1	18	3	19	...
Bacillary ... ..	...	22	...	22	...
Enteric	2	24	...	26	5
Erysipelas ... ..	...	3	...	3	...
Influenza	2	118	2	120	4
Malaria—(a) Tertian	4	451	1	455	4
(c) Æstivo-autumnal	3	311	...	314	3
(d) Chronic	1	3	...	4	...
(e) Blackwater	1	51	13	52	1
Measles ... ..	...	9	...	9	1
Malta fever ... ..	...	9	...	9	4
Pneumonia ... ..	...	64	16	64	3
Rheumatic fever	1	8	1	9	1
Septicæmia ... ..	...	7	5	7	1
Smallpox ... ..	...	1	...	1	...
Syphilis—(b) Secondary ... ..	...	1	...	1	...
Tetanus ... ..	...	1	1	1	...
Tuberculosis	2	33	9	35	5
Whooping cough ... ..	...	2	...	2	...
Other infective diseases	2	1	...	3	...
INTOXICATIONS.					
Alcoholism	1	18	1	19	1
GENERAL DISEASES.					
Anæmia ... ..	...	3	...	3	...
Anæmia—pernicious ... ..	...	3	1	3	...
Diabetes ... ..	...	5	...	5	...
Leucocythæmia ... ..	...	1	1	1	...
Myxædema ... ..	...	2	1	2	...
Other general diseases	2	53	1	55	10
LOCAL DISEASES.					
Diseases of the nervous system—					
Sub-section 1—					
Neuritis ... ..	...	25	...	25	1
Meningitis ... ..	...	7	4	7	...
Myelitis ... ..	...	1	...	1	...
Encephalitis ... ..	...	2	2	2	...
Congestion of brain ... ..	...	5	2	5	...
Sub-section 2—					
Apoplexy	2	7	3	9	2
Paralysis	1	11	1	12	2
Epilepsy	1	9	...	10	...
Neuralgia ... ..	...	8	...	8	...
Hysteria ... ..	...	7	...	7	...
Sub-section 3—mental diseases—					
Mania ... ..	...	2	...	2	...
Melancholia ... ..	...	4	...	4	...
Dementia ... ..	...	3	...	3	...
Delusional insanity ... ..	...	5	...	5	...
Other diseases of the nervous system	2	47	...	49	7
Diseases of the eye—					
Conjunctivitis ... ..	...	16	...	16	...
Keratitis ... ..	...	3	...	3	...
Ulceration of cornea ... ..	...	5	...	5	...
Iritis ... ..	...	5	...	5	...
Cataract	1	...	...	1	...
Other diseases of the eye ... ..	...	14	...	14	2
Diseases of the ear—					
Inflammation ... ..	...	6	...	6	...
Other diseases ... ..	...	6	...	6	...
Diseases of the nose ... ..	...	22	...	22	...
Carried forward	29	1,448	69	1,477	57

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
Brought forward	29	1,448	69	1,477	57
Diseases of the circulatory system—					
Pericarditis	1	5	3	6	...
Endocarditis	1	9	2	10	...
Valvular mitral ... ..	...	11	3	11	...
Arterial sclerosis ... ..	...	6	2	6	1
Aneurism ... ..	...	4	2	4	...
Other diseases of the circulatory system ...	2	31	2	33	...
Diseases of the respiratory system—					
Laryngitis	1	4	...	5	...
Bronchitis ... ..	...	66	4	66	1
Broncho-pneumonia ... ..	...	6	3	6	...
Abscess of lung ... ..	...	1	...	1	...
Pleurisy	2	27	...	29	...
Empyema ... ..	...	3	...	3	...
Other diseases of the respiratory system ...	...	22	...	22	...
Diseases of the digestive system—					
Caries of teeth ... ..	...	25	...	25	...
Sore throat ... ..	...	1	...	1	...
Inflammation of tonsils ... ..	...	78	...	78	...
Gastritis ... ..	...	34	...	34	2
Ulceration of stomach	1	6	...	7	...
Hæmatemesis ... ..	...	2	...	2	...
Dilatation of stomach ... ..	...	3	...	3	...
Stricture of stomach ... ..	...	1	...	1	...
Dyspepsia ... ..	...	1	...	1	...
Enteritis	1	19	2	20	1
Appendicitis	10	168	3	178	6
Colitis ... ..	...	24	2	24	1
Ulceration of intestines	1	3	1	4	...
Hernia	1	32	2	33	3
Diarrhœa	1	5	...	6	...
Constipation ... ..	...	11	...	11	...
Colic ... ..	...	11	...	11	...
Hæmorrhoids	1	24	...	25	...
Hepatitis—acute ... ..	...	11	...	11	...
Abscess of lung	1	6	1	7	...
Cirrhosis	1	5	4	6	...
Jaundice ... ..	...	1	...	1	...
Peritonitis ... ..	...	5	3	5	...
Ascites ... ..	...	1	1	1	...
Gall stones	2	22	...	24	3
Other diseases of the digestive system ...	1	21	2	22	5
Diseases of the lymphatic system—					
Splenitis ... ..	...	1	...	1	...
Suppuration of lymphatic gland ... ..	...	1	...	1	...
Lymphangitis ... ..	...	1	...	1	...
Diseases of the urinary system—					
Acute nephritis ... ..	...	13	2	13	...
Pyelitis ... ..	...	10	...	10	...
Calculus ... ..	...	7	...	7	...
Renal colic ... ..	...	3	...	3	...
Cystitis	1	14	...	15	...
Vesical calculus ... ..	...	2	...	2	...
Hæmaturia ... ..	...	3	...	3	...
Other diseases of the urinary system ... ..	...	8	...	8	...
Diseases of the generative system—					
Male organs—					
Urethritis ... ..	...	2	...	2	...
Stricture ... ..	...	16	1	16	...
Prostatitis	1	8	2	9	...
Hydrocele ... ..	...	4	...	4	...
Orchitis	1	6	...	7	...
Epididymitis	1	4	...	5	1
Other diseases of the male organs ... ..	...	7	...	7	...
Female organs—					
Ovaritis ... ..	...	5	...	5	...
Ovarian cyst ... ..	...	14	...	14	...
Endometritis ... ..	...	40	...	40	1
Displacement of uterus	1	7	...	8	...
Vaginitis ... ..	...	3	...	3	...
Dysmenorrhœa ... ..	...	4	...	4	...
Menorrhagia ... ..	...	9	...	9	...
Abortion ... ..	...	24	...	24	1
Postpartum hæmorrhage ... ..	...	1	...	1	...
Retained placenta ... ..	...	11	...	11	...
Premature birth ... ..	...	1	1	1	...
Puerperal septicæmia ... ..	...	3	...	3	...
Mastitis ... ..	...	1	...	1	...
Abscess of breast ... ..	...	2	...	2	...
Other diseases of the female organs ...	2	34	...	36	4
Confinements ... ..	...	25	2	25	...
Carried forward	64	2,457	119	2,521	87

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
Brought forward	64	2,457	119	2,521	87
Diseases of organs of locomotion—					
Osteitis ... ..	...	10	1	10	...
Arthritis ... ..	...	7	...	7	...
Spondylitis ... ..	...	1	...	1	...
Bursitis ... ..	...	8	...	8	...
Other diseases of organs of locomotion ...	...	50	...	50	4
Diseases of connective tissue—					
Cellulitis	2	49	1	51	2
Abscess	2	63	...	65	3
Elephantiasis ... ..	...	2	...	2	1
Other diseases of connective tissue ... ..	...	3	...	3	...
Diseases of the skin—					
Urticaria ... ..	...	2	...	2	...
Eczema ... ..	...	12	...	12	1
Boil ... ..	...	6	...	6	...
Carbuncle	1	10	...	11	2
Herpes ... ..	...	2	...	2	...
Scabies ... ..	...	2	...	2	...
Ulcers	1	11	...	12	...
Other diseases of the skin ... ..	...	8	...	8	...
Injuries—general	6	42	3	48	8
local ... ..	...	105	...	105	5
fractures and burns	4	77	1	81	3
Surgical operations—major (242) ... ..	...	187	...	187	...
minor (276) ... ..	...	257	...	257	1
Tumours	2	36	6	38	4
Malignant ... ..	...	24	8	24	2
Malformations ... ..	...	6	...	6	2
Poisons	1	23	...	24	1
Parasites—					
Cestoda— <i>Tænia solium</i> ... ..	...	5	...	5	...
<i>Tænia saginata</i> ... ..	...	1	...	1	...
Nematoda— <i>Ankylostomiasis</i> ... ..	...	1	...	1	...
Not otherwise classified—					
Bilharzia ... ..	...	6	...	6	...
Gun-shot wound ... ..	...	10	2	10	...
Senility	3	10	2	13	1
Debility ... ..	...	6	...	6	...
Drowning ... ..	...	1	...	1	...
Minor ailments ... ..	...	3	...	3	...
Not diagnosed	5	21	...	26	...
Totals	91	3,524	143	3,615	127

TABLE 19.

Return of diseases and deaths (in-patients) in all Government hospitals
for the year 1925.

NATIVES.

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
INFECTIVE DISEASES.					
Chicken-pox ... ..	...	2	...	2	...
Diphtheria ... ..	...	1	...	1	...
Dysentery—Amœbic	3	26	5	29	...
Bacillary ... ..	...	11	4	11	1
Enteric ... ..	...	9	6	9	1
Gonorrhœa ... ..	...	13	...	13	1
Influenza	8	213	11	221	4
Leprosy—Nodular ... ..	...	3	...	3	...
Malaria—Tertian ... ..	...	374	7	374	7
Æstivo-autumnal	6	142	4	148	3
Chronic ... ..	...	3	...	3	...
Blackwater ... ..	...	7	...	7	...
Measles ... ..	...	8	...	8	...
Malta fever ... ..	...	1	...	1	1
Pneumonia	16	379	99	395	8
Rheumatic fever	1	20	...	21	1
Septicæmia	1	8	7	9	...
Trypanosomiasis (sleeping sickness)	1	1	1	2	1
Syphilis—(a) Primary	12	94	1	106	14
(b) Secondary	1	49	2	50	2
(c) Inherited ... ..	...	1	1	1	...
Tetanus ... ..	...	6	4	6	...
Tuberculosis	16	108	60	124	14
Whooping cough ... ..	...	2	...	2	...
Other infective diseases ... ..	...	3	...	3	...
INTOXICATIONS.					
Alcoholism ... ..	...	3	...	3	...
Others ... ..	...	1	...	1	...
GENERAL DISEASES.					
Anæmia	3	13	...	16	...
Exophthalmic goitre ... ..	...	1	...	1	...
Purpura	1	4	2	5	...
Scurvy	26	39	8	65	12
Other general diseases	3	8	1	11	...
LOCAL DISEASES.					
Diseases of the nervous system—					
Sub-section 1—					
Neuritis	3	22	...	25	3
Meningitis ... ..	...	32	27	32	...
Encephalitis ... ..	...	3	2	3	...
Abscess of brain	1	2	2	3	...
Congestion of brain ... ..	...	7	5	7	...
Sub-section 2—					
Apoplexy ... ..	...	5	2	5	...
Paralysis	7	4	...	11	1
Epilepsy ... ..	...	18	3	18	3
Neuralgia ... ..	...	8	...	8	...
Sub-section 3—Mental diseases—					
Idiocy	1	3	...	4	...
Mania ... ..	...	3	...	3	...
Melancholia ... ..	...	4	...	4	...
Dementia ... ..	...	5	1	5	1
Delusional insanity ... ..	...	3	...	3	...
Other diseases of the nervous system ... ..	...	29	2	29	1
Diseases of the eye—					
Conjunctivitis	5	68	...	73	4
Keratitis ... ..	...	14	...	14	...
Ulceration of cornea ... ..	...	3	...	3	...
Iritis ... ..	...	6	...	6	1
Cataract ... ..	...	4	...	4	2
Other diseases of the eye ... ..	...	53	...	53	1
Carried forward	115	1,849	267	1,964	87

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
Brought forward	115	1,849	267	1,964	87
Diseases of the ear—					
Inflammation ... ..	...	15	...	15	1
Other diseases ... ..	...	4	...	4	...
Diseases of the nose ... ..	...	3	...	3	...
Diseases of the circulatory system—					
Pericarditis ... ..	...	2	2	2	...
Endocarditis ... ..	...	4	2	4	...
Valvular mitral ... ..	...	8	4	8	1
Arterial sclerosis	1	1	...	2	...
Aneurism ... ..	...	2	...	2	...
Other diseases of the circulatory system ...	2	11	3	13	...
Diseases of the respiratory system—					
Laryngitis ... ..	...	8	...	8	...
Bronchitis	2	115	3	117	4
Broncho-pneumonia ... ..	...	8	...	8	3
Abscess of lung ... ..	...	2	2	2	...
Gangrene of lung ... ..	...	1	1	1	...
Pleurisy	1	21	...	22	...
Empyema ... ..	...	4	2	4	1
Other diseases of the respiratory system ...	...	19	...	19	...
Diseases of the digestive system—					
Stomatitis ... ..	...	5	...	5	1
Caries of teeth ... ..	...	9	...	9	...
Sore throat ... ..	...	7	...	7	...
Inflammation of tonsils ... ..	...	21	...	21	...
Gastritis ... ..	...	22	...	22	...
Stricture of stomach ... ..	...	1	...	1	...
Dyspepsia ... ..	...	1	...	1	...
Enteritis ... ..	...	7	...	7	...
Appendicitis ... ..	...	11	1	11	1
Colitis ... ..	...	2	1	2	...
Ulceration of the intestines ... ..	...	3	2	3	...
Hernia ... ..	...	22	4	22	2
Diarrhœa ... ..	...	46	...	46	1
Constipation ... ..	...	13	...	13	...
Colic ... ..	...	29	...	29	1
Hæmorrhoids	1	5	...	6	1
Hepatitis—acute ... ..	...	3	...	3	...
Abscess ... ..	...	11	1	11	...
Cirrhosis ... ..	...	21	4	21	3
Jaundice ... ..	...	4	3	4	1
Peritonitis	1	16	14	17	...
Ascites	1	6	2	7	1
Gall stones ... ..	...	1	...	1	...
Other diseases of the digestive system ...	2	5	1	7	1
Diseases of the lymphatic system—					
Splentitis	1	5	1	6	...
Inflammation of lymphatic gland	1	12	...	12	1
Suppuration of lymphatic gland ... ..	...	12	...	12	...
Lymphangitis	6	40	...	46	5
Elephantiasis ... ..	...	3	...	3	...
Other diseases of the lymphatic system ...	...	11	5	11	2
Diseases of the urinary system—					
Acute nephritis ... ..	...	5	3	5	...
Bright's disease ... ..	...	7	5	7	...
Pyelitis ... ..	...	1	1	1	...
Cystitis ... ..	...	6	...	6	...
Hæmaturia ... ..	...	1	...	1	...
Other diseases of the urinary system ... ..	...	1	...	1	...
Diseases of the generative system—					
Male organs—					
Urethritis ... ..	...	3	...	3	...
Stricture	1	7	1	8	...
Prostatitis ... ..	...	2	...	2	...
Inflammation of scrotum	1	13	...	14	...
Hydrocele ... ..	...	7	...	7	1
Orchitis	2	23	...	25	...
Epididymitis ... ..	...	1	...	1	...
Other diseases of the male organs ... ..	...	25	...	25	...
Female organs—					
Ovaritis ... ..	...	2	...	2	1
Ovarian cyst ... ..	...	3	...	3	2
Endometritis ... ..	...	3	...	3	...
Dysmenorrhœa ... ..	...	1	...	1	...
Menorrhagia ... ..	...	2	...	2	...
Leucorrhœa ... ..	...	1	...	1	...
Abortion ... ..	...	3	...	3	...
Delayed labour ... ..	...	3	1	3	...
Retained placenta ... ..	...	8	...	8	...
Premature birth ... ..	...	5	5	5	...
Mastitis ... ..	...	2	...	2	...
Abscess of breast ... ..	...	1	...	1	...
Other diseases of the female organs ...	1	9	1	10	1
Confinements ... ..	...	5	1	5	1
Carried forward	139	2,580	343	2,719	124

Diseases.	Remaining in hospital at end of 1924.	Yearly total.		Total cases treated.	Remaining in hospital at end of 1925.
		Admis- sions.	Deaths.		
Brought forward	139	2,580	343	2,719	124
Diseases of organs of locomotion—					
Osteitis ... ..	...	8	...	8	1
Arthritis	2	6	...	8	...
Bursitis ... ..	...	25	...	25	3
Other diseases of organs of locomotion ...	...	45	...	45	1
Diseases of connective tissue—					
Cellulitis	9	84	1	93	8
Abscess	8	81	...	89	8
Other diseases of connective tissue ... ..	...	23	...	23	4
Diseases of the skin—					
Eczema ... ..	...	4	...	4	...
Boil ... ..	...	1	...	1	...
Herpes ... ..	...	1	...	1	...
Psoriasis ... ..	...	1	...	1	...
Oriental sore	10	33	1	43	4
Scabies ... ..	...	3	...	3	...
Ulcers	17	208	...	225	21
Other diseases of the skin	3	12	...	15	1
Injuries—general	42	127	14	169	1
local	35	699	11	734	62
fractures	6	117	12	123	20
Surgical operations—major (243) ... ..	...	26	1	26	6
minor (550) ... ..	...	22	6	22	...
Tumours—malignant ... ..	...	12	7	12	2
benign ... ..	...	20	...	20	2
Malformations ... ..	...	3	1	3	...
Poisons ... ..	...	11	...	11	1
Snake bite	2	10	1	12	2
Other bites ... ..	...	3	...	3	1
Parasites—					
Animal ... ..	...	2	...	2	...
Cestoda—Tænia solium ... ..	...	1	...	1	...
Tænia saginata ... ..	...	2	...	2	...
Insecta ... ..	...	1	...	1	...
Not otherwise classified	1	...	...	1	...
Gun-shot wounds	1	7	...	8	1
Burns	7	43	8	50	4
Hydatids ... ..	...	1	...	1	...
Senility	1	2	1	3	...
Debility ... ..	...	13	...	13	...
Bilharzia ... ..	...	2	...	2	...
Raynaud's disease ... ..	...	1	1	1	...
Ainkum ... ..	...	2	...	2	...
Onyalai ... ..	...	1	...	1	1
Sunstroke ... ..	...	1	...	1	...
Minor ailments ... ..	...	6	...	6	...
Not diagnosed ... ..	...	31	...	31	2
Ill-defined ... ..	...	20	...	20	...
Totals	283	4,301	408	4,584	280

TABLE 20.

Table giving the number of beds in each Government hospital and Ingutsheni Mental Hospital, the daily average number of patients treated, the revenue and expenditure of each, and the approximate charge on public funds for each patient in hospital during 1925.

Name of hospital.	No. of beds.		Daily average of patients treated.			No. of nursing staff.	No. of native staff.	Gross expenditure.	Revenue.	Deficit of revenue over expenditure.	Approximate charge on public funds for each patient treated.
	White.	Coloured and native.	White.	Coloured and native.	Total white, coloured and native.						
Salisbury ...	60	100	52.1	64.9	117.0	37	57	18,329	7,427	10,902	£ 4 9 0
Bulawayo ...	73	70	44.68	69.05	113.73	31	47	16,592	10,286*	6,306	2 17 8
Umtali ...	36	20	16.2	19.2	35.4	6	12	4,813	2,025	2,788	3 1 10
Gwelo ...	30	53	12.3	36.5	48.8	6	16	4,970	1,407	3,563	4 13 8
Fort Victoria ...	12	10	2.25	4.40	6.65	3	10	1,347	274	1,073	5 8 5
Enkeldoorn...	4	4	0.55	1.72	2.27	2	3	603	17	586	5 2 10
Gwanda ...	9	22	1.1	7.6	8.7	2	6	963	346	617	2 7 10
Gatooma ...	16	60	8.1	61.94	69.95	5	15	3,981	1,627	2,354	2 14 2
Shamva ...	14	15	1.87	12.12	13.99	3	12	1,545	383	1,162	3 16 5
Sinoia ...	11	7	1.2	5.1	6.3	2	6	991	196	795	4 1 2
Belingwe ...	9	15	0.54	3.9	4.44	1	2	634	136	498	6 11 2
Ingutsheni Mental Hospital	36	144	30.6	172.1	202.72	8	18	6,681	1,645	5,036	23 3 3

* This figure includes the Government grants-in-aid for the first quarter of the year.

TABLE 21.
STATEMENT OF PROGRESS AT GOVERNMENT HOSPITALS FOR THE YEAR 1925.

Name of hospital.	Total number of patients maintained.	Total expenditure.	NO. OF UNITS MAINTAINED.						EXPENDITURE.																		EARNINGS.				REVENUE RECEIVED.			Revenue per cent. of total expenditure.	Cost per caput per diem on gross expenditure basis.	Loss to Government represented by deficiency of revenue against expenditure, each patient.	Proportion of total expenditure under Vote 7 B allocated on basis of European staff.	Per cent. of total.	TOTAL AMOUNT OUTSTANDING.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			Staff.		Patients.		Total.		Provisions and medical comforts, excluding produce.	Per cent. of total.	Drugs, surgical instruments and sundries.	Per cent. of total.	Furniture, equipment, clothing and repairs.	Per cent. of total.	Fuel, light and water.	Per cent. of total.	Laundry staff and materials.	Per cent. of total.	Sanitary.	Per cent. of total.	Produce—i.e., bread, milk, meat, butter, eggs, fish, poultry, potatoes, fruit and fresh vegetables.	Per cent. of total.	Salaries.	Per cent. of total.	Office and other expenses.	Per cent. of total.	Paying patients.		Represented by treatment of free patients; allowing 5/- a day for whites and 2/6 a day for natives.	Total.	Whites.	Natives.	Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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* This hospital was only taken over by the Government on 1st April, 1925. The figures shown are for nine months only.
† Includes value of produce from hospital farm and garden, £728.
‡ In calculating this figure, £728 is deducted from total expenditure.

Less Bulawayo 5,260
6,619

TABLE 22.

Return of Government and pauper patients treated in Government hospitals during 1925.

Name of hospital.	Number of free patients.			Total number of units treated.			Cost of maintenance.	Loss of revenue represented, reckoning 5s. a day for whites, and 2s. 6d. a day for natives, plus extras.	
	White.	Native.	Totals.	White.	Native and coloured.	Totals.			
Salisbury	...	276	514	790	5,807	14,911	20,718	£ s. d. 4,920 10 6	3,315 12 6
Umtali	...	87	190	277	2,349	3,471	5,820	1,236 15 0	1,144 17 2
Gwelo	67	232	299	2,508	8,216	10,724	2,055 8 8	1,728 1 4
Fort Victoria	...	27	52	79	295	1,177	1,472	282 2 8	220 17 6
Enkeldoorn	...	13	63	76	101	541	642	144 9 0	92 17 6
Gwanda	...	16	57	73	78	517	595	96 13 9	84 2 6
Shamva	...	16	219	235	76	3,403	3,479	557 7 1	444 7 6
Sinoia	16	50	66	94	830	924	177 2 0	127 5 0
Belingwe	...	5	55	60	42	1,293	1,335	305 18 9	172 2 6
Bulawayo	..	231	525	756	5,628	13,976	19,604	4,492 11 8	3,154 0 0
Ingutsheni Mental Hospital	...	35	189	224	9,941	55,890	65,831	5,211 12 5	9,471 15 0
Gatooma	..	48	239	287	615	17,461	18,076	2,184 3 8	2,336 7 6
Totals	...	837	2,385	3,222	27,534	121,686	149,220	21,664 15 2	22,292 6 0

